

AI: 0704



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2457
(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)

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

OWNER INFORMATION

Owner Contact Name: Michael Howard Position: CEO

Owner Company Name: Howard Industries

Owner Street (P.O. Box): 3225 Pendorff Road

Owner City: Laurel State: MS Zip: 39440

Owner Phone Number: (601)4253151 Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Suzanne Skipper Position: Vice President/GM

Operator Company Name: Howard Transportation

Operator Street (P.O. Box): 107 Nehi Road

Operator City: Ellisville State: MS Zip: 39437

Operator Phone Number: (601)4772080 Operator Email: sskipper@howard-ind.com

m-received via email 9.14.21

FACILITY INFORMATION

Facility Name: Howard Transportation

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

SIC Code: 75429903 Truck Wash

Receiving Stream: Rocky 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: 107 Nehi Road City: Ellisville

County: Jones Zip: 39437

Latitude: 31 degrees 20 minutes 38 seconds Longitude: 90 degrees 14 minutes 09 seconds

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

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? Sent to Ellisville POTW via Sewer

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

N/A

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

If yes, please describe: At Drainage Basin 1, small amounts of stormwater/rainwater may get into trench at truck washing pad and sent to Oil/Water Separator (OWS). OWS water, once treated, is routed to Ellisville POTW via sewer pipe.

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.

Suzanne Skipper
Signature¹ (Must be signed by operator when different than owner)

9/15/21
Date Signed

Suzanne Skipper
Printed Name¹

Vice President/General Manager
Title

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