

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 4 45

(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)

■ OWNER ■ OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION			
Owner Contact Name: Jerry Autry	Position:	Division Manager	
Owner Company Name: Waste Pro of Mississippi			
Owner Street (P.O. Box): 5255 West Sandidge Road			
	te: MS	Zip: 38654	
Owner Phone Number: (662-895-9705 Owner Email: djone	s@wast	eprousa.com	

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Not Applicable

Operator Company Name: Not Applicable

Operator Street (P.O. Box): Not Applicable

Operator City: Not Applicable

Operator Phone Number: Not Applicable

Operator Email: Not Applicable

THE APPLICANT IS:

FACILITY INFORMATION

Facility Name: Waste Pro/Southaven Hauling Facility			
Nature of Business (Include 4–digit Standard Industrial Classification Code (SIC) and description): SIC Code: 4 2 1 2 Local Trucking without storage			
Receiving Stream: Unnamed tributary to Horn Lake 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: 2187 West Stateline Road City: Southaven			
County: DeSoto zip: 3867	z _{ip:} <u>38671</u>		
Latitude: 34 degrees 59 minutes 30 seconds Longitude: 90 degrees 1 minu	tes 43 seconds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):			
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

REGULATIONS/REQUIREMENTS	
Is this notice for a facility that will require other permits? ☐ Yes If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatment ☐ Individual NPDES, or list Other(s):	■ No , □ Water State Operating,
How will sanitary sewage be collected and treated? City of Southa	ven POTW
Indicate any local storm water ordinance with which the facility must com approval. NONE	ply and submit any documentation of
Is treatment of storm water provided at any outfall?	■ No
I certify under penalty of law that this document and all attachments were prepared accordance with a system designed to assure that qualified personnel properly gather submitted. Based on my inquiry of the person or persons who manage the system, of gathering the information, the information submitted is to the best of my knowledge am aware that there are significant penalties for submitting false information, including imprisonment for knowing violations. Signature (Must be signed by operator when different than owner)	red and evaluated the information r those persons directly responsible for and belief, true, accurate and complete. I
Jeffrey H. Papasan Printed Name ¹	Regional Landfill Manager
 This application shall be signed according to the General Permit, ACT 16, T-9, as f 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, th 	

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261 Jackson, MS 39225

After signing please mail to:



May 6, 2021 NS 16343.000.002 surveyõrs environmenta spientists randspape aron fects

Ms. Krystal Rudolph, PE Chief, Environmental Permits Division Mississippi Department of Environmental Quality-Office of Pollution Control Post Office Box 2261 Jackson, Mississippi 38671

REFERENCE: INDUSTRIAL NOTICE OF INTENT AND STORMWATER POLLUTION PREVENTION PLAN WASTE PRO SOUTHAVEN HAULING FACILITY

DESOTO COUNTY, MISSISSIPPI

Dear Ms. Rudolph:

Enclosed please find one signed original of the Industrial Notice of Intent (INOI) form and Stormwater Pollution Prevention Plan (SWPPP) for the Waste Pro-Southaven Hauling Facility, Southaven, DeSoto County, Mississippi. This SWPPP incorporates best management practices for this facility based on our visual observation at the Facility and the requirements as stipulated in the Industrial Stormwater General Permit. Please have Mississippi Department of Environmental Quality personnel contact me directly at ross.williams@neel-schaffer.com or 601-952-2995 with any concerns associated with this submittal.

Sincerely,

NEEL-SCHAFFER, INC.

Ross D. Williams, RPG

Enclosures

CC. Mr. Jeffrey H. Papasan, Regional Landfill Manager, Waste Pro USA



Dept. of Environmental Quality