



# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 24102  
(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: THEODORE DICKERSON Position: OWNER

Owner Company Name: PRODUCT SERVICES Co.

Owner Street (P.O. Box): ~~120~~ 120 GRIFFIN DR.

Owner City: FLORA State: MS Zip: 39071

Owner Phone Number: (601) 214-1434 Owner Email: \_\_\_\_\_

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name: PATRICK DICKERSON Position: MANAGER/VP

Operator Company Name: PRODUCT SERVICES Co. / MULTIGRAPHIC INC.

Operator Street (P.O. Box): PO BOX 1034 / 1034 KEARNEY PARK RD

Operator City: FLORA State: MS Zip: 39071

Operator Phone Number: (601) 942-2515 Operator Email: DWIREHEAD1@YAHOO.COM



**DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits?  Yes  No NOT SURE

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? GOTTA GO PORT A POTTY

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

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

If yes, please describe: \_\_\_\_\_

**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.

James Patrick Dickerson  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

8-25-21  
Date Signed

JAMES PATRICK DICKERSON  
Printed Name<sup>1</sup>

MANAGER/VP  
Title

<sup>1</sup>This 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

MRS WAREHOUSE