



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 1 0 9

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: WOWNER OPERATOR (PLEASE CHECK ONE OR BOTH)		
OWNER INFORMATION		
Owner Contact Name: Michael Still	Position: Plant Mgr.	
Owner Company Name: Carrier Process Equipment Group, Inc.		
Owner Street (P.O. Box): 4526 Reed Road		
Owner City: Mathiston State	e: MS Zip: 39752	
Owner Phone Number: (662) 263-8220 Owner Email: MStill@WindsorWire.com		
OPERATOR INFORMATION (if different than owner)		
Operator Contact Name:		
Operator Company Name:		
Operator Street (P.O. Box):		
Operator City:State:	Zip:	
Operator Phone Number: () Operator Email:		



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FACILITY INFORMATION

Facility Name: Carrier Process Equipment Group, Inc.		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 3 5 6 4 Industrial and Commercial Fans and Blowers and Air Purification Equipment		
Receiving Stream:unnamed tributary to Pigeon Roost 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: 4526 Reed Road City: Mathiston		
County: Webster zip: 39752	2	
Latitude: 33 degrees 32 minutes 14 seconds Longitude: 89 degrees 07 minutes	tes 11 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 Mo 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, Pretro	eatment, Water State Operating,
Air SMOP and Haz. Waste ID (Small Quar	ntity)
How will sanitary sewage be collected and treated? Town of N	Vlathiston
Indicate any local storm water ordinance with which the facility m approval.	ust comply and submit any documentation of
N/A	
Is treatment of storm water provided at any outfall?	Yes No
If yes, please describe:	
CERTIFICATION	N
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the significant penalties for submitting false information am aware that there are significant penalties for submitting false information imprisonment for knowing violations.	rly gathered and evaluated the information system, or those persons directly responsible for nowledge and belief, true, accurate and complete.
	5/11/22
Signature (Must be signed by operator when different than owner)	Date Signed
Michael Still	Plant Manager
Printed Name ¹	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

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Dept. of Environmental Quality

May 12, 2022

Mrs. Florance Bass, P.E., BCEE Environmental Permits Division Mississippi Department of Environmental Quality P.O. Box 2261 Jackson, Mississippi 39225-2261

Re:

Carrier Process Equipment Group, Inc.

Webster County, Mississippi Re-Coverage No. MSR002109

Dear Mrs. Bass:

Enclosed please find the referenced Industrial Stormwater Notice of Intent for Recoverage for Carrier Process Equipment Group, Inc.

Should you have any questions regarding the attached forms, contact Mr. Chad Winter of FC&E Engineering, LLC, at (601) 540-3966.

Sincerely,

Michael Still Plant Manager

Enclosure

cc:

Mr. Chad Winter, P.E., FC&E Engineering, LLC (w/o enclosure)

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