

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 14 02

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 Contact Name: Carl Koestler	Position:	Position: Owner	
Owner Company Name: Koestler Pallet	Sales, Inc.		
Owner Street (P.O. Box): 12600 Interstat		d	
Owner City: Edwards	State: MS		
Owner Phone Number: (60) 852-2926	Owner Email: carl@koestle		

THE APPLICANT IS:

FACILITY INFORMATION

Facility Name: Koestler Pallet Sales, Inc.			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 2 4 4 8 Manufacturing wood parts and skids.			
Receiving Stream: Unnamed tributary of Bakers Creek to Bakers 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: 12600 Interstate 20 North Frontage Road City: Edwards			
County: Hinds zip: 3906	66		
Latitude: 32 degrees 21 minutes 13.45 seconds Longitude: 90 degrees 33 minutes	25.88 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. Not Applicable			
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

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Is this notice for a facility that will require other permits?	No No		
If yes, check which one(s): Air, Hazardous Waste, Pretreatme	ent, Water State Operating,		
No other permits.			
How will sanitary sewage be collected and treated? Septic Tank and Por	table Toilet which is pumped weekly.		
Indicate any local storm water ordinance with which the facility must capproval.	omply and submit any documentation of		
Not Applicable			
Is treatment of storm water provided at any outfall?	No		
If yes, please describe: Not Applicable			
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.			
aukute	May 13, 2022		
Signature ¹ (Must be signed by operator when different than owner)	Date Signed		
Carl Koestler	Owner		
Printed Name ¹	Title		
¹ This application shall be signed according to the General Permit, ACT 16, T-9, - For a corporation, by a responsible corporate officer For a partnership, by a general partner For a sale proprietorship, by the proprietor.	as follows:		

- 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