

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 480

(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: Paul Bosarge	President President						
Owner Company Name: Accu-Fab & C	construction, Inc.						
Owner Street (P.O. Box): 5315 Mirror Lake Road							
New years to the second to the	State: MS Zip: 39562						
Owner Phone Number: (228)475-0082	Owner Email: admin@accufabus.com						
OPERATOR INFORMATION (if different than owner)							
Operator Contact Name: Same	Position:						
Operator Company Name:							
Operator Street (P.O. Box):							
Operator City:	State:Zip:						
Operator Phone Number: ()	Operator Email:						

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Market Market Barrier

FACILITY INFORMATION

Facility Name: Accu-Fab & Construction, Inc.					
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 332312 Fabricated Structural Metal Manufacturing					
Receiving Stream: Dog River					
Is receiving stream on MDEQ's 303(d) List?					
Has a TMDL been established for the receiving stream segment? ☐ Yes ☐ No					
Physical Site Address: Street: 5131 Mirror Lake Road City: Moss Point					
County: Jackson zip: 39562					
Latitude: degrees minutes seconds Longitude: degrees minutes 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.					

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

	v = N.
	Yes 🔳 No
If yes, check which one(s): Air, Hazardous Waste, Pretre Individual NPDES, or list Other(s):	atment, Water State Operating,
No	
How will sanitary sewage be collected and treated? Septic S	system
Indicate any local storm water ordinance with which the facility mu approval.	ast comply and submit any documentation of
None	
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	Yes No
If yes, please describe:	
CERTIFICATION	
I certify under penalty of law that this document and all attachments were p accordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the sygathering the information, the information submitted is to the best of my kn am aware that there are significant penalties for submitting false informatio imprisonment for knowing violations.	ly gathered and evaluated the information ystem, or those persons directly responsible for owledge and belief, true, accurate and complete. I
Signature ¹ (Must be signed by operator when different than owner)	Date Signed
Printed Name ¹	Title
¹ This application shall be signed according to the General Permit, ACT 16, 7 - For a corporation, by a responsible corporate officer For a partnership, by a general partner.	Γ-9, as follows:

- 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 ACCOMÈNYA, ROMENDAMENTANCE WESTELLE RRAMANT**RON**KRETURE RAMES

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