

# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

## FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2487

(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: Tim May	Position: Owner	
Owner Company Name: Tim May Company, Inc.	ä	
Owner Street (P.O. Box): 544 Birmingham Ridge Road		
Owner City: Saltillo Sta	nte: MS Zip: 38866	
Owner Phone Number: (662 869-2151 Owner Email: office		
OPERATOR INFORMATION (if different	than owner)	
Operator Contact Name:	Position:	
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: TMCO Rubbish Landfill		
Nature of Business (Include 4–digit Standard Industrial Classification Code (SIC) and desc SIC Code: 4 9 5 3 Refuse Systems	eription):	
Receiving Stream: Little Dry 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: 544 Birmingham Ridge Road City: Saltillo		
County: Lee zip: 3886	38866	
Latitude: 34 degrees 25 minutes 15 seconds Longitude: 88 degrees 46 min	autes 20 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**

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Is this notice for a facility that will require other permits?	☐ Yes	<b>□</b> No
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If yes, check which one(s): Air, Hazardous Waste, I I Individual NPDES, or list Other(s):	Pretreatment	t, Water State Operating,
	T-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
How will sanitary sewage be collected and treated? <u>Existin</u>	g on-site	e septic tank system
Indicate any local storm water ordinance with which the facili	ity must com	ply and submit any documentation of
None		
Is treatment of storm water provided at any outfall?	□Yes	■ No
If yes, please describe:		
CERTIFICAT	ION	
I certify under penalty of law that this document and all attachments accordance with a system designed to assure that qualified personnel psubmitted. Based on my inquiry of the person or persons who manage gathering the information, the information submitted is to the best of am aware that there are significant penalties for submitting false informationsment for knowing violations.	oroperly gathe the system, o ny knowledge	red and evaluated the information r those persons directly responsible for and belief, true, accurate and complete. I
The Dollar		6/30/22
Signature (Must be signed by oper for when different than owner)		Date Signed
Tim May		Owner
Printed Name <sup>1</sup>		Title
<ul> <li>This application shall be signed according to the General Permit, ACT</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal execut</li> </ul>		

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