AI: 85438

Coverage #: MSR002521 Rec'd via email: 11/20/2023

APPENDIX B: INDUSTRIAL STORMWATER GENERAL PERMIT



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER
GENERAL NPDES PERMIT MSR00 2521

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 Email: Jim.Coontz@hgsbioscience.com

OWNER INFORMATIO	N
Owner Contact Name: Jim Coontz	Position: Plant Manager
Owner Company Name: Humic Growth Solutions, Inc.	
Owner Street (P.O. Box): 2509 S. Frontage Rd.	
Owner City: Sardis	State: MS Zip: 38666

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:		

901 493-5284

THE APPLICANT IS:

FACILITY INFORMATION

Facility Name: Humic Growth Solutions - Sardis MS	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and de SIC Code: 2879 Pesticides and Agricultural Chemicals, Not Else	where Classified
Receiving Stream: Unnamed ditch, thence to Little Tallah	atchie River
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: 2509 S. Frontage Road Sardis	
County: Humic Growth Solutions, Inc. Zip: 386	366
Latitude: 34 degrees 24 minutes 44 seconds Longitude: 89 degrees 54 m	inutes 13 seconds
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):	Earth
Attach a copy of any existing laboratory data for each storm water outfall. If multiple sa performed, provide a summary for each parameter, including sampling dates and the mi maximum values.	
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold an If yes, please attach a list of water priority chemicals present at the facility.	nounts? Yes No

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

ALOCEMITO.	CHEMENTS		
Is this notice for a facility	that will require other permits?	Yes	■ No
If yes, check which one(s): Individual NPDES, or l	☐ Air, ☐ Hazardous Waste, ☐ ist Other(s):	Pretreatmen	t, Water State Operating,
Uam mill canitary camage	be collected and treated, Panc	la Count	y POTW
Tron man sametary semage	be conecien and it eaten.		The second secon
Indicate any local storm wapproval.	ater ordinance with which the fac	rility must con	aply and submit any documentation of
None			
Is treatment of storm water	er provided at any outfall?	Yes	■ No
If yes, please describe:			
ccordance with a system design ubmitted. Based on my inqui- pathering the information, the	gned to assure that qualified personner of the person or persons who mans information submitted is to the best cant penalties for submitting false in	el properly gath age the system, of my knowledg	or those persons directly responsible for e and belief, true, accurate and complete.
DX CE	operator when different than owner)		11-6-23 Date Signed
Signature' (Must be signed by	perator when different than owner)		Date Signed
Jim Coontz			Diant Manager
Printed Name			Plant Manager
This application shall be sign: For a corporation, by a refer a partnership, by a generatorship a sole proprietorship.	eneral partner. , by the proprietor.		
After signing please mail to:	Chief, Environmental Permits Dr MS Department of Environmenta P.O. Box 2261 Jackson, MS 39225		e of Pollution Control