

MSR002538

AI: 10492



Rec'd via email:05/17/2024

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR002538 (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: Ted Romero Position: Plant Manager

Owner Company Name: KP Building Products

Owner Street (P.O. Box): 820 North Highway 7

Owner City: Holly Springs State: MS Zip: 38635

Owner Phone Number: (828) 502-0155 Owner Email: ted.romero@saint-gobain.com

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: _____

O.C

FACILITY INFORMATION

Facility Name: KP Building Products

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 3089 Establishments primarily engaged in manufacturing plastics products, not elsewhere classified.

Receiving Stream: Unnamed Tributary of Coldwater 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: 820 North Highway 7 City: Holly Springs

County: Marshall Zip: 38635

Latitude: 34 degrees 47 minutes 16 seconds Longitude: 89 degrees 27 minutes 03 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation: GPS of Plant

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 No
If yes, please attach a list of water priority chemicals present at the facility.

Chromium compounds (except for chromite ore mined in the Transvaal Region) are the only water priority chemical present onsite which exceeds threshold amounts.

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, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):

How will sanitary sewage be collected and treated? _____

Conveyed to the City of Holly Springs municipal sanitary sewer system to discharge domestic wastewater.

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

N/A

Is treatment of storm water provided at any outfall? Yes No

If yes, please describe: _____

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.

Ted Romero

5/17/2024

Signature¹ (Must be signed by operator when different than owner)

Date Signed

Ted Romero

Plant Manager

Printed Name¹

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