



FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 084

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

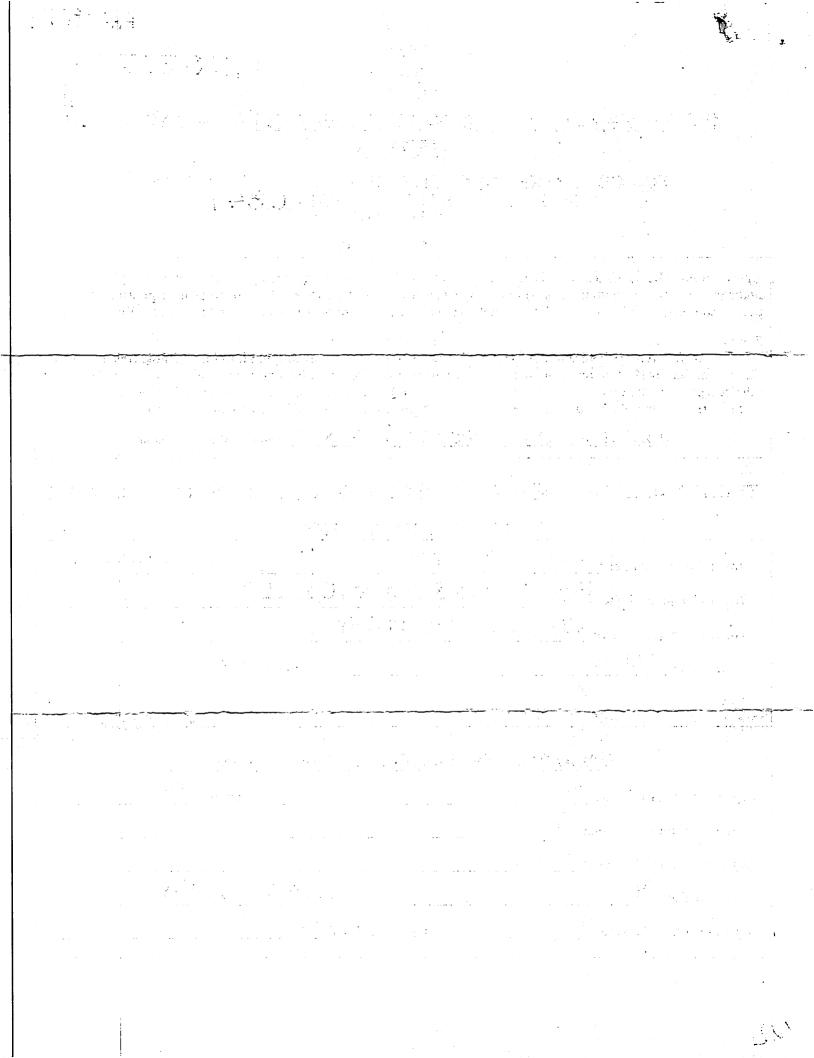
Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated 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 (F	PLEASE CHECK ONE OR BOTH)
OWNER INFORMATION	
Owner Contact Name: Robert Caleb Fryar	Position: Owner/Operator
Owner Company Name: FryarSawmill & Lumber Co.,	LLC
Owner Street (P.O. Box): 4311 County Road 626	
Owner City: Dumas	ua@fryarsawmill.com
Owner Phone Number: 662-837-8552 Owner Email: josh	ua@fryarsawmill.com
OPERATOR INFORMATION (if differen	nt than owner)
Operator Contact Name: NA	Position: NA
Operator Company Name: NA	
Operator Street (P.O. Box): NA	
Operator City: NA State: N	IANA
Operator Phone Number: (NA) Operator Email: NA	





PACILITY INFURING HUN

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Facility Name: FryarSawmill and Lumber Company, LLC		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 2 4 2 1 Timber and Wood Products/Sawmill		
Receiving Stream: Green Bay Branch		
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: 4311 County Road 626 City: C	Dumas	
	Dumas	
County: Tippah	_{Zip:} 38625	
Latitude: 34 degrees minutes 55 seconds Longitude: 88	degrees 48 minutes 32 seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation)	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.		
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals If yes, please attach a list of water priority chemicals present at the facility.	at threshold amounts?	

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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? Adjacent private residence Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval. Is treatment of storm water provided at any outfall? ☐ Yes No 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. 3-3-2021 Signature (Must be signed by operator when different than owner) Robert Caleb Fryar Owner Printed Name¹ 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

