

AI: 79442



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2442
(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:	<u>Wicks Torrence</u>	Position:	<u>Facility Manager</u>
Owner Company Name:	<u>Waste Pro of Mississippi</u>		
Owner Street (P.O. Box):	<u>5255 West Sandidge Road</u>		
Owner City:	<u>Olive Branch</u>	State:	<u>MS</u> Zip: <u>38654</u>
Owner Phone Number:	<u>662-895-9705</u>	Owner Email:	<u>wtorrence@wasteprousa.com</u>

OPERATOR INFORMATION (if different than owner)

Operator Contact Name:	<u>Not Applicable</u>	Position:	<u>Not Applicable</u>
Operator Company Name:	<u>Not Applicable</u>		
Operator Street (P.O. Box):	<u>Not Applicable</u>		
Operator City:	<u>Not Applicable</u>	State:	<u>Not Applicable</u> Zip: <u>Not Applicable</u>
Operator Phone Number:	<u>Not Applicable</u>	Operator Email:	<u>Not Applicable</u>

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FACILITY INFORMATION

Facility Name: Waste Pro/Jackson Hauling Facility

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

SIC Code: 4 2 1 2 Local Trucking without storage

Receiving Stream: Unnamed tributary to Town 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: 4517 Methodist Home Road City: Jackson

County: Hinds Zip: 39213

Latitude: 32 degrees 21 minutes 28 seconds Longitude: 90 degrees 13 minutes 22 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 at threshold amounts? Yes No
If yes, please attach a list of water priority chemicals present at the facility.

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? City of Jackson POTW

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

none

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.


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

April 23, 2021
Date Signed

Jeffrey H. Papasan
Printed Name¹

Regional Landfill Manager
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

May 3, 2021
NS 16327.000.002


Ms. Krystal Rudolph, PE
Chief, Environmental Permits Division
Mississippi Department of Environmental Quality-Office of Pollution Control
Post Office Box 2261
Jackson, Mississippi 38671

REFERENCE: INDUSTRIAL NOTICE OF INTENT AND
STORMWATER POLLUTION PREVENTION PLAN
WASTE PRO JACKSON HAULING FACILITY
HINDS COUNTY, MISSISSIPPI

Dear Ms. Rudolph:

Enclosed please find one signed original of the Industrial Notice of Intent (INOI) form and Stormwater Pollution Prevention Plan (SWPPP) for the Waste Pro-Jackson Hauling Facility, Jackson, Hinds County, Mississippi. This SWPPP incorporates best management practices for this facility based on our visual observation at the Facility and the requirements as stipulated in the Industrial Stormwater General Permit. Please have Mississippi Department of Environmental Quality personnel contact me directly at ross.williams@neel-schaffer.com or 601-952-2995 with any concerns associated with this submittal.

Sincerely,
NEEL-SCHAFFER, INC.


Ross D. Williams, RPG

RECEIVED
MAY 4 2021
MDEQ

Enclosures

CC. Mr. Jeffrey H. Papasan, Regional Landfill Manager, Waste Pro USA