

AI: 10741



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2461
(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: THEODORE DICKERSON Position: OWNER

Owner Company Name: PRODUCT SERVICES Co.

Owner Street (P.O. Box): 120 GRIFFIN DR.

Owner City: FLORA State: MS Zip: 39071

Owner Phone Number: 601-214-1434 Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: PATRICK DICKERSON Position: MANAGER/VP

Operator Company Name: PRODUCT SERVICES Co.

Operator Street (P.O. Box): 654 KEARNEY PARK RD.

Operator City: FLORA State: MS Zip: 39071

Operator Phone Number: 601-942-2515 Operator Email: DWIREHEAD1@YAHOO.COM

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that the records should be kept up-to-date and organized in a logical manner. This helps in identifying trends and anomalies over time. The document also mentions that regular audits are essential to ensure the integrity of the information.

In addition, the document highlights the need for clear communication between all parties involved. Any discrepancies or questions should be addressed promptly to avoid misunderstandings. It is also stressed that the data should be protected and stored securely to prevent unauthorized access or loss.

The second part of the document provides a detailed overview of the current financial status. It includes a summary of the total revenue generated and the expenses incurred during the period. The net profit is calculated, and it is noted that there has been a slight increase compared to the previous period.

The document also includes a section on future projections. Based on the current trends, it is expected that the business will continue to grow. However, there are several risks that need to be managed, such as market fluctuations and changes in consumer behavior. A contingency plan is suggested to mitigate these risks.

Finally, the document concludes with a list of recommendations for the management team. These include improving operational efficiency, expanding the product line, and strengthening relationships with key stakeholders. The overall goal is to ensure long-term sustainability and success.

The document is signed by the Chief Financial Officer, who is responsible for the accuracy and reliability of the information presented. It is intended for the use of the board of directors and other senior management personnel.

The document is dated 10/10/11 and is confidential. It should be handled accordingly.

FACILITY INFORMATION

Facility Name: OLD COMPRESS WAREHOUSE

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

SIC Code: 0725 POST HARVEST CROP ACTIVITIES

Receiving Stream: BORNT CORN 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: 352 HUNT AVE. City: FLORA

County: MADISON Zip: 39071

Latitude: 32° 35' 31" N degrees 35 minutes 31 seconds Longitude: 90° 19' 03" W degrees 19 minutes 03 seconds

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

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.

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DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? Yes No **NOT SURE**

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? **GOTTA GO PORT A POTTY**

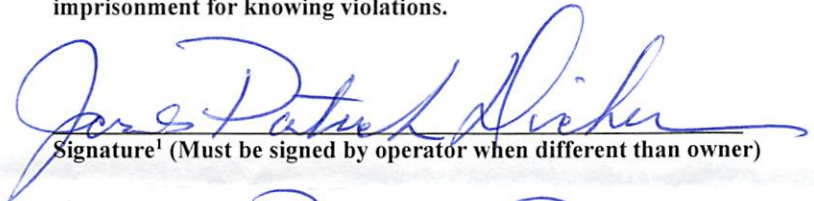
Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

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

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)

8-25-21
Date Signed

JAMES PATRICK DICKERSON
Printed Name¹

MANAGER / VP.
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

OLD COMPRESS WAREHOUSE