

AI: 80002



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2472  
(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: Katherine Rome Position: OWNER  
 Owner Company Name: Rome's Recycling, LLC.  
 Owner Street (P.O. Box): 45 Cash Ln.  
 Owner City: Carrriere State: MS Zip: 39426  
 Owner Phone Number: (601) 916-1891 Owner Email: Romes Recycling@gmail.com

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Aaron Pierce Position: MANAGER  
 Operator Company Name: Rome's Recycling LLC.  
 Operator Street (P.O. Box): 1727 Hwy 115.  
 Operator City: Picayune MS State: MS Zip: 39466  
 Operator Phone Number: (601) 799-1701 Operator Email: Romes Recycling@gmail.com

RECEIVED

DEC 13 2021

Dept. of Environmental Quality

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FACILITY INFORMATION

Facility Name: Rome's Recycling

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

SIC Code: 5093 SCRAP & WASTE MATERIALS

Receiving Stream: N/A

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: 1727 Hwy 11S City: PICAYUNE

County: PEARL RIVER Zip: 39466

Latitude: 30 degrees 29 minutes 25.12 seconds Longitude: 89 degrees 41 minutes 20.24 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS OF BUS. ENTRANCE

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? N/A

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.

  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

12/8/21  
Date Signed

Aaron Pierce  
Printed Name<sup>1</sup>

Manager  
Title

<sup>1</sup>This 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