

AI: 8/4/14



# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2479  
(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: Claudia Salomon Position: Environmental Program Manager

Owner Company Name: Amazon.com Services LLC

Owner Street (P.O. Box): P.O. Box 80842

Owner City: Seattle State: WA Zip: 98108

Owner Phone Number: (206) 266-1036 Owner Email: amazon-eap-northamerica@amazon.com

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Paul Wilson Position: NA Environmental Leader - Last Mile

Operator Company Name: Amazon.com Services LLC

Operator Street (P.O. Box): P.O. Box 80842

Operator City: Seattle State: WA Zip: 98108

Operator Phone Number: (951) 445-7785 Operator Email: paulwil@amazon.com

m- received via email 4.15.22

## FACILITY INFORMATION

Facility Name: Amazon.com Services LLC - MEM8

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

SIC Code: 4225 General Warehousing and storage

Outfall 001 discharges to an unnamed stream north of the facility. Outfall 0022 discharges to the Marshall County MS4 then to an unnamed stream south of the facility.

Receiving Stream: \_\_\_\_\_

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: 850 Gateway Global Drive City: Byhalia

County: Marshall Zip: 38611

Latitude: 34 degrees 57 minutes 55 seconds      Longitude: 89 degrees 36 minutes 17 seconds

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

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):

Site will develop and comply with an SPCC Plan for diesel storage

How will sanitary sewage be collected and treated? Marshall County Water Services

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

Marshall County SD-003-2173-00

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

If yes, please describe: Storm water settles in detention ponds before exiting through the outfalls.

**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.



4/15/2022

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

Date Signed

Paul Wilson

NA Environmental Leader - Last Mile

Printed Name<sup>1</sup>

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