

AI: 81023



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2480
(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: Paul Bosarge Position: President

Owner Company Name: Accu-Fab & Construction, Inc.

Owner Street (P.O. Box): 5315 Mirror Lake Road

Owner City: Moss Point State: MS Zip: 39562

Owner Phone Number: () 228475-0082 Owner Email: admin@accufabus.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Same Position: _____

Operator Company Name: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone Number: () _____ Operator Email: _____

nl-received via email 10.29.22



DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

OFFICE OF THE ASSISTANT SECRETARY
FOR LAND MANAGEMENT

PERMIT

Whereas, the public interest requires that certain lands owned by the United States be made available for the use of the public for the purpose of... (text is mirrored and difficult to read)

PERMIT TO EXCAVATE

THIS PERMIT IS GRANTED TO THE UNDERSIGNED FOR THE PURPOSE OF EXCAVATING...

PERSONAL INFORMATION

Name: _____
Address: _____
City: _____
State: _____
Occupation: _____

STATEMENT OF WORK

The undersigned hereby certifies that the work to be done under this permit is for the purpose of... (text is mirrored and difficult to read)

Approved: _____
Special Agent in Charge

FACILITY INFORMATION

Facility Name: Accu-Fab & Construction, Inc.

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

SIC Code: 332312 Fabricated Structural Metal Manufacturing

Receiving Stream: Dog River

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: 5131 Mirror Lake Road City: Moss Point

County: Jackson Zip: 39562

Latitude: 30 degrees 419 minutes 901 seconds Longitude: 88 degrees 467 minutes 128 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): www.gpscoordinates.net

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):

No

How will sanitary sewage be collected and treated? Septic System

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)

Date Signed

Printed Name¹

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

IN WITNESS WHEREOF, the Director of Health has hereunto set his hand and the seal of the Department of Health at Manila, Philippines, this _____ day of _____, 19____.

Director of Health

Very truly yours,

Director of Health

IN WITNESS WHEREOF, the Director of Health has hereunto set his hand and the seal of the Department of Health at Manila, Philippines, this _____ day of _____, 19____.

Director of Health

This document is a copy of the original document and is not valid unless accompanied by the original document. It is hereby certified that this is a true and correct copy of the original document as it appears in the records of the Department of Health.

IN WITNESS WHEREOF, the Director of Health has hereunto set his hand and the seal of the Department of Health at Manila, Philippines, this _____ day of _____, 19____.

This document is a copy of the original document and is not valid unless accompanied by the original document. It is hereby certified that this is a true and correct copy of the original document as it appears in the records of the Department of Health.

IN WITNESS WHEREOF, the Director of Health has hereunto set his hand and the seal of the Department of Health at Manila, Philippines, this _____ day of _____, 19____.

Very truly yours,

Director of Health