

AlaMiss Inc.
P.O. Box 250
State Line, MS 39362
601-848-7811

RECEIVED
SEP 22 2022
Dept. of Environmental Quality

Mr. Matthew Lancaster
MS Dept of Environmental Quality
P.O. Box 2261
Jackson, MS 39225-2261
September 21, 2022

RE: ISNOI AND SWPPP

Dear Mr. Lancaster:

Enclosed you will find our ISNOI and SWPPP. If you need any further information please contact me at 601-394-7796.

Thank you,



Gavin Scarbrough
President
AlaMiss Inc.



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MDEQ

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 _____
(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: Bavin Scarbrough Position: owner/operator
 Owner Company Name: Ala-miss Enterprise
 Owner Street (P.O. Box): 151 live oak lane
 Owner City: Chattom State: Al Zip: 36518
 Owner Phone Number: (601) 394 7796 Owner Email: Argent@tds.net

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____
 Operator Company Name: _____
 Operator Street (P.O. Box): _____
 Operator City: _____ State: _____ Zip: _____
 Operator Phone Number: (____) _____ Operator Email: _____

FACILITY INFORMATION

Facility Name: Ala-miss Inc

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

SIC Code: 2411 Logging

Receiving Stream: Brushy 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: 467 St Peter St City: State line

County: Wayne Zip: 39362

Latitude: 31 degrees 43 minutes 65 seconds Longitude: -88 degrees 45 minutes 68 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of 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? City Sewer System

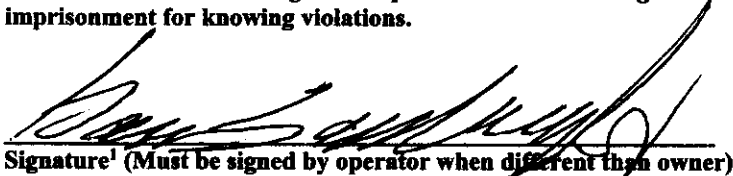
Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

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

If yes, please describe: BMP Practices

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)

9-20-22
Date Signed

Gavin Scarbrough
Printed Name¹

owner
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

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

For: Ala - Miss Inc.
Facility Name

State Line, Mississippi
Facility Location


Under Mississippi's

Baseline Storm Water General NPDES Permit
(Type of Permit: Baseline, Wood Treater, etc.)


Coverage No. MSR 001473

SWPPP Manager: 

Title: Owner/operator Telephone #: 601 394 7796

SWPPP Committee Members (list, if applicable):


I certify under penalty of law that the information submitted is, to the best of my knowledge, true, accurate and complete.


Signature

9-20-22
Date Signed

Gavin Scarbrough
Printed Name

owner/operator
Title

EXISTING AND PROPOSED BMPs

Worksheet #3a

Instructions: List all identified actual and potential storm water pollution sources and describe existing management practices and proposed BMPs with implementation schedule.

Potential Pollution Sources	Existing BMPs	Proposed BMPs	Implementation Schedule
1. Tires	Store in Area where Runoff into sensitive Area is unlikely / some stored in trailers	Place all tires in trailers until sufficient number for collection	monthly
2. Temporary Abandoned fuel tanks	on concrete Slab Away from Runoff Areas	Tanks to be Removed and Returned to owners	ongoing
3. Scrap Iron	Scrap Iron is stored in trailers and Bins for Pickup	Extra trailers for Scrap metal	ongoing
4. equipment	equipment is maintained and stored in Areas Away from Runoff	Store equipment Away from sensitive Areas	ongoing

EMPLOYEE TRAINING

Worksheet #3b

Instructions: Describe the employee training program for your facility below. The program should, at a minimum, address spill prevention and response, good housekeeping, and material management practices. Provide a schedule for the training program and list the employees who attend training sessions.

Training Topics	Brief Description of Scheduled Training Program/Materials (e.g., film, seminar, staff meeting)	Proposed Frequency of Training (e.g., once per quarter)	Who will attend?
Spill Prevention And Response	Staff meeting on material storage, leaks, spills, and clean up process	3 times a year	mechanics shop foreman and managers
Good Housekeeping	Staff meetings Employees will be instructed on housekeeping methods	minimum 4 times a year / ongoing	All employees
Material Management Practices	Staff meeting Employees instructed on proper handling and storage techniques	3 times a year	All employees
Other Topics			

DESCRIPTION OF EXPOSED SIGNIFICANT MATERIAL

Worksheet #2a

Instructions: Describe significant materials that were exposed to storm water during the past three years and/or are currently exposed.

Description of Exposed Significant Material	Period of Exposure	Quantity Exposed (units)	Location (as indicated on the site map)	Method of Storage or Disposal (e.g., pile, drum, tank)	Description of Material Management Practice (e.g., pile covered, drum sealed)
Abandoned Fuel tanks	N/A	N/A	Southeast	tank	Sealed
Fuel tanks	ongoing	N/A	Southwest	tank	2nd containment
Scrap Iron	ongoing	varies	central	contained in trailers	Stored in trailers when possible
Tires	ongoing	N/A	central	Piles	Removed Regularly By waste hauler
Wood	ongoing	N/A	Northwest	Pile/trailer	wood is being moved continuously
Equipment	ongoing	N/A	Central	N/A	All equipment is kept away from sensitive areas

LIST OF SIGNIFICANT SPILLS AND LEAKS

Worksheet #2b

Directions: Record below all significant spills and significant leaks of toxic or hazardous pollutants that have occurred at the facility as of July 14, 1992 (See page 5 of the guidance manual).

Date (Month/day/Year)	Spill or Leak (S/L)	Location (as indicated on site map)	Description	Response Procedure		Preventive Measures Taken (Add additional sheets if necessary)
			Type of Material	Amount of Material Recovered	Material Exposed to Storm Water (Y/N)	
9-06-22	L	Fuel tanks	Diesel	100%	N	Check Fuel Station Daily for leaks & spills

NON-STORM WATER DISCHARGE EVALUATION AND CERTIFICATION

Worksheet #2c

Outfall No.	Date of Evaluation	Method Used to Test or Evaluate Discharge	If Evaluation is Impossible Give Reason	Is Non-Storm Water Being Discharged? (Yes/No)	List Likely Sources of Non-Storm Water Discharges	Person(s) Who Conducted the Test or Evaluation
				NO		

CERTIFICATION

I certify under penalty of law that is, to the best of my knowledge and belief, true, accurate, and complete (see permit Part V.G.).

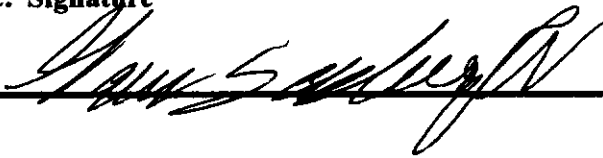
A. Name & Official Title (type or print)

Gavin Scarbrough

B. Area Code and Telephone No.

601 394 7796

C. Signature



D. Date Signed

9-20-22



trailer Parking

Employee Parking

WOOD
Storage

Equipment
Storage

Fuel

scales

Shop

Welding
Shop

N

Equipment
Storage
Shed

Shop/
office

Hwy 42

S

Ala-miss site map



Vegetated Swale