AI # 15284 Compa 0140001





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 A \ 8 8

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water 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 INFORMATION REQUESTS MUST BE AN	NSWERED (answer "NA" if not applicable)
THE APPLICANT IS: OWNER OPERATOR	OR (PLEASE CHECK ONE OR BOTH)
OWNER INFORMAT	ION
Owner Contact Name: Daniel Lee Pitts	Position: Owner
Owner Company Name: Randy and Danny Inc	
Owner Street (P.O. Box): 1000 fridge, St.	
Owner City: Ellisville	State: M5 Zip: 39437
Owner Phone Number (Include Area Code): 601-477-390	29
OPERATOR INFORMATION (if di	ifferent than owner)
Operator Contact Name: Leighann Pitts-Lawson	Position: Operator
Operator Company Name: Randy and Danny In	
Operator Street (P.O. Box): 301 Harrison St.	
Operator City: Ellisville. St.	ate: MS Zip: 39437
Operator Phone Number (Include Area Code): 601-319-59	182

FACILITY INFORMATION

	,
ture of Business (Include 4-digit Standard Industrial Classification Code (SIC) and	description):
C Code: 4 9 5 3	
ceiving Stream: Big Bronch	
receiving stream on MDEQ's 303(d) List?	☐ Yes 🂢 No
yes, has a TMDL been established for the receiving stream segment?	☐ Yes ☐ No
ysical Site Address:	
reet: 184 Ira Cr Odom Rd City: Ellisvil	le
ounty: Jones zip: 30	7437
titude: 31 degrees 34 minutes 40 seconds Longitude: 89 degrees 08	minutes 30 seconds
ethod Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation):	apInterpolation
tach a copy of any existing laboratory data for each storm water outfall. If multiple rformed, provide a summary for each parameter, including sampling dates and the eximum values.	
this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold wes, please attach a list of water priority chemicals present at the facility.	No Hazardo waste accepted
	accepted at facilit

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	es No
If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water list Other(s):	er State Operating, Individual NPDES, or
N/A	
How will sanitary sewage be collected and treated? N/A	
Indicate any local storm water ordinance with which the facility must approval.	comply and submit any documentation of
NIA	
N/A CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepactordance with a system designed to assure that qualified personnel properly gubmitted. Based on my inquiry of the person or persons who manage the syste gathering the information, the information submitted is to the best of my knowlam aware that there are significant penalties for submitting false information, in imprisonment for knowing violations.	gathered and evaluated the information em, or those persons directly responsible for ledge and belief, true, accurate and complete. I
Cighann Ditts-Lawson Signature (Must be signed by operator when different than owner)	Col30114 Date Signed
Leigh Amplitts-Lawson Printed Name	Operator

¹This application shall be signed according to the General Permit, ACT 14, 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