

AI #5689

RECOVERAGE

Rajeev



BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 0 5 5 0
(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 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: [X] OWNER [] OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: David W. Sims Position: President
Owner Company Name: Sims Bark Company, Inc.
Owner Street (P.O. Box): 1765 Spring Valley Road
Owner City: Tusculmbia State: AL Zip: 35674
Owner Phone Number: (256) 381-8323 Owner Email: david@simsbark.com

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:

RECEIVED
JAN 14 2016
Dept. of Environmental Quality

FACILITY INFORMATION

Facility Name: Sims Bark Company, Inc.

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

SIC Code: 2 4 9 9 Landscaping Products

Receiving Stream: Cold Water 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: 5060 Hacks Cross Road

City: Olive Branch

County: DeSoto

Zip: 38654

Latitude: 34 degrees 56 minutes 3 seconds

Longitude: 89 degrees 47 minutes 29 seconds

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

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? on-site septic tank

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

Olive Branch Storm Water Ordinance is consistent with the requirements of the general storm water permit

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)

1/11/2016

Date Signed

David Sims

Printed Name¹

President

Title

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

SIMS BARK COMPANY, INC.
P.O. Box 625
Olive Branch, MS. 38654
662-895-6501 662-895-6503 (fax)

January 11, 2016

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

RECEIVED

JAN 14 2016

Dept. of Environmental Quality

Re: Sims Bark Company, Inc.
Olive Branch, MS.
MSR000550 Baseline Re-Coverage Form/Timber and Wood Products Branch

Dear Sir or Madam:

Please find enclosed a completed Re-Coverage Form for the continued operation of this facility under Mississippi's Baseline Storm Water General Permit, MSR00.

Thank you for your attention to this matter. If you have any questions or require further information, please feel free to call our consultant, Mary Pat Roche at 770-840-0405.

Sincerely,



David Sims
President, Sims Bark Company, Inc.