



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 3 8

(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 (P.	LEASE CHECK ONE OR BOTH)	
OWNER INFORMATION		
Owner Contact Name: Kyle Beckman	Position: Safety & Environmental Manager	
Owner Company Name: MMC Materials, Inc.		
Owner Street (P.O. Box): P.O. Box 2569		
Owner City: Madison	ate: MS Zip: 39203	
Owner City: Madison Owner Phone Number: 601-898-4000 Owner Email: kbeck	man@mmcmaterials.com	
OPERATOR INFORMATION (if differen	t than owner)	
Operator Contact Name: Same as Owner	Position:	
Operator Company Name:		
Operator Street (P.O. Box):		
Operator City:State:	Zip:	
Operator Phone Number: ()Operator Email:		



FACILITY INFORMATION

Facility Name: MMC Materials Inc, Fortification		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 3272 Concrete Products		
Receiving Stream: Town 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: 815 W. Fortification St. City: Jackson		
County: Hinds zip: 3920	_{Zip:} <u>39203</u>	
Latitude: 32 degrees 18 minutes 42.7 seconds Longitude: 90 degrees 11 minutes 56.3 seconds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth		
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

REGULATION OF THE COLUMN TO TH		
Is this notice for a facility that will require other permits?	■ No	
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatment, ☐ Individual NPDES, or list Other(s): NA	☐ Water State Operating,	
How will sanitary sewage be collected and treated? City of Jackson	POTW	
Indicate any local storm water ordinance with which the facility must complapproval.		
Is treatment of storm water provided at any outfall? Yes If yes, please describe:	■ No	
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.		
Signature ¹ (Must be signed by operator when different than owner)	4-27-21 ate Signed	
	President	
 ¹This application shall be signed according to the General Permit, ACT 16, T-9, as foll 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 partnership. 	ows:	

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





April 23, 2021

Mrs. Florance Bass Environmental Permitting Division MDEQ Office of Pollution Control P. O. Box 2261 Jackson, Mississippi 39225

Re: MSR00 Baseline Industrial Stormwater General Permit Coverage

MMC Materials, Inc. – Fortification Madison, Madison County, Mississippi

Dear Florance:

MMC Materials herewith submits the enclosed *Industrial Stormwater Notice of Intent and Associated SWPPP* for your review. The fortification site is an aggregate yard and shop operations are performed. The site does not have a plant to manufacture ready-mix concrete or generate process water, therefore MMC is requesting coverage under the baseline industrial stormwater permit.

Should you have any questions regarding the attached material, please contact Charles Cook with FC&E Engineering, LLC at (601) 824-1860 or myself at (601) 898-4000.

Sincerely,

Kyle Beckman – Safety & Environmental Manager MMC Materials, Inc.

Attachments

cc: Charles Cook, P.E., FC&E Engineering

MMC Materials, Inc.
P.O. Box 2569 • Madison, MS 39130
601-898-4000 • Fax 601-898-4030
www.mmcmaterials.com