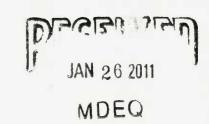
AT #54944 Gnfaollopoa

THE APPLICANT IS:





## **BASELINE NOTICE OF INTENT (BNOI)**

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2009

(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 ANSWERED (answer "NA" if not applicable)

✓ OPERATOR (PLEASE CHECK ONE OR BOTH)

**✓** OWNER

Owner Contact Name: Chris Jarrell		Positio	n: Owner/Operator
Trainer Contact Name. Chilis Janen		1 Ushilo	m. Owner operator
Owner Company Name: Hattiesburg	Recycling		
Owner Street (P.O. Box): 84 Pat Holi	ifield Rd.		
Owner City: Laurel		State: MS	Zip: 39443
Owner Phone Number (Include Area	Code): 601-319-4314		
Owner Phone Number (Include Area	Code): 601-319-4314		
Owner Phone Number (Include Area	Code): 601-319-4314		
	Code): 601-319-4314  R INFORMATION (if d		
OPERATOR	R INFORMATION (if d	ifferent than own	er)
OPERATOR	R INFORMATION (if d	ifferent than own	er)
OPERATOR	R INFORMATION (if d	ifferent than own	er)
OPERATOR	R INFORMATION (if d	ifferent than own	er)

## **FACILITY INFORMATION**

	Include 4-digit Standard Industrial Classific		
SIC Code:	recycling/scrap yard	· · · · · · · · · · · · · · · · · · ·	
Receiving Stream: N	Ayers Creek		
Is receiving stream o	n MDEQ's 303(d) List?		☐ Yes ☑ No
If yes, has a TMDL	been established for the receiving stream se	gment?	☐ Yes ☐ No
Physical Site Addres	s:		
Street: Roy Tucker	Rd.	City: Hattiesburg	
County: Forrest		Zip: 39401	
atitude: 31 degre	es 14 minutes 11 seconds Longitud	de: 89 degrees 16 min	utes <u>41</u> seconds
Method Used to Dete	rmine Lat & Long (GPS (Please GPS Plant Entrance)	or Map Interpolation): Map	A Age Company Street Company C
oerformed, provide a	existing laboratory data for each storm wate summary for each parameter, including sar		
maximum values.	summary for each parameter, including sar  I, Section 313 facility utilizing water priority of		,

## DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

	,
Is this notice for a facility that will require other permits?	Yes No
If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Wlist Other(s):	Vater State Operating, Individual NPDES, or
How will sanitary sewage be collected and treated? PGR-1AG	LE CONTRACTOR
Indicate any local storm water ordinance with which the facility mapproval.	ust comply and submit any documentation of
Is treatment of storm water provided at any outfall? If so, please of GRASSED SWALES AND OIL/WATER SEPARATOR	
CERTIFICATION	N
certify under penalty of law that this document and all attachments were percordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the stathering the information, the information submitted is to the best of my known aware that there are significant penalties for submitting false information mprisonment for knowing violations.	prepared under my direction or supervision in orly gathered and evaluated the information system, or those persons directly responsible for nowledge and belief, true, accurate and complete.
Signature (Must be signed by operator when different than owner)	1-18-2011 Date Signed
Chris Sarrell	OWNER OPERATOR
Printed Name	Title

<sup>1</sup>This 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