



Department of Environment and Conservation - Division of Water Pollution Control  
**LARGE BUSINESS EXAMPLE OF THE NOTICE OF INTENT (NOI)**

for Storm Water Discharges Associated with Industrial Activity under the  
**TENNESSEE MULTI-SECTOR GENERAL PERMIT (TMSP)**

Facility Name: <b>SOUTH-EASTERN CHEMICALS, OAK RIDGE FACILITY</b>	County: <b>Anderson</b>
Street Address or Location: <b>9874 Industrial Lane</b>	Latitude: <b>35-55-50</b>
	Longitude: <b>84-21-07</b>

Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)  
**South-Eastern Chemicals, Inc.**

<b>1</b>	Official Contact Person Name: (Individual Responsible for a Facility) <b>Ms. Jane Doodad</b>	Title or Position: <b>Senior Vice-President</b>		
	Mailing Address: <b>P.O. Box 999</b>	City: <b>Atlanta</b>	State: <b>GA</b>	Zip: <b>30269-999</b>
	Phone: <b>(770) 555-1212</b>	E-mail: <b>jane.doodad@sechem.com</b>		

<b>2</b>	Local Contact Person Name: (if appropriate, write "same as #1") <b>Mr. Nigel Widget</b>	Title or Position: <b>EH&amp;S Manager</b>		
	Facility Address: (this may or may not be the same as street address) <b>P.O. Box 1010</b>	Facility City: <b>Oak Ridge</b>	State: <b>TN</b>	Zip: <b>37830-1010</b>
	Phone: <b>(423) 401-6401</b>	E-mail: <b>nigel.widget@sechem.com</b>		

Please write in the box (to the right) or circle the number next to the Official Contact Person or the Facility/Local Contact Person information (above) to indicate where would you like us to send invoices and correspondence:

**2**

Storm water runoff from facility enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles) <b>Unnamed tributary to Grassy Creek for Outfall SW1 and Grassy Creek at mile 3.7 for Outfalls SW2-SW7 and municipal storm sewer system to Bear Creek at mile 10.0 for Outfalls SW8-SW9</b>	Number of storm water outfalls: <b>9</b>
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Nature of business:	SIC code(s): (primary code listed as No.1, secondary, if applicable, as No.2, etc.)					
	1. <b>2812</b>	2. <b>2899</b>	3.	4.	5.	6.

Area of property associated with industrial activity: <b>41.2 Acres</b> (area of facility property should <u>not</u> include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)	Permit Sectors (STATE USE ONLY)					

Activities at facility: Check all that apply.

01. <input checked="" type="checkbox"/> Manufacturing	05. <input type="checkbox"/> Vehicle Maintenance	09. <input type="checkbox"/> Wastewater treatment	13. <input type="checkbox"/> Coal Pile
02. <input checked="" type="checkbox"/> Storage/Distribution	06. <input type="checkbox"/> Hazardous waste TSD	10. <input type="checkbox"/> Land application	14. <input type="checkbox"/> Borrow Pit or Soil Harvesting
03. <input type="checkbox"/> Vehicle Storage	07. <input type="checkbox"/> Outside waste disposal	11. <input checked="" type="checkbox"/> Landfill	99. <input type="checkbox"/> Other _____
04. <input type="checkbox"/> Trucking Terminal	08. <input type="checkbox"/> Recycling	12. <input type="checkbox"/> Mining operation	

**CERTIFICATION AND SIGNATURE** (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

Has the Storm Water Pollution Prevention Plan (SWPPP) been developed and implemented? Please note that the TMSP requires both new and existing facilities to have the SWPPP prepared and implemented prior to NOI submittal. Do not include a copy of the SWPPP with the NOI.  Yes  No

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 qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the site, 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.

_____	_____	_____	_____
Printed Name	Official Title	Signature	Date

If this NOI is submitted because of new operator or to update facility information (such as a name of facility, new contact, E-mail address, etc.), please provide the existing permit tracking number:

**STATE USE ONLY**

Received Date	Postmark	NOC Date	Tracking No.	EAC
Impaired Receiving Stream?	High Quality Water?	T & E Aquatic Fauna?	Fee	Reviewer

Submit the original and one copy of the completed and signed form to:  
**Storm Water NOI Processing**  
**Tennessee Division of Water Pollution Control**  
**6<sup>th</sup> Floor L&C Annex, 401 Church Street**  
**Nashville, TN 37243-1534**