AI #1678
GMP20150001



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MDEQ

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2211

(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)

THE APPLICANT IS: ☐ **OWNER** ☑ **OPERATOR (PLEASE CHECK ONE OR BOTH)**

OWNER INFORMATION

Owner Contact Name: Byron Myers **Position:** Plant Manager

Owner Company Name: Xerium Technologies, Inc.

Owner Street (P.O. Box): 401 Highway 12 West

Owner City: Starkville **State:** MS **Zip:** 39759

Owner Phone Number (Include Area Code): (662) 323-4064

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 (Include Area Code): _____

FACILITY INFORMATION

Facility Name: Xerium Technologies, Inc.

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

SIC Code: 2 3 9 9 Fabricated Textile Products

Receiving Stream: Hollis Creek

Is receiving stream on MDEQ's 303(d) List? ☐ Yes ☑ No

If yes, has a TMDL been established for the receiving stream segment? ☐ Yes ☑ No

Physical Site Address:

Street: 401 Higway 12 West **City:** Starkville

County: Oktibbehha **Zip:** 39759

Latitude: 33 **degrees** 27 **minutes** 13 **seconds** **Longitude:** 88 **degrees** 59 **minutes** 55 **seconds**

Method Used to Determine Lat & Long (GPS (Please GPS 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

Is this notice for a facility that will require other permits? ☐ **Yes** ☑ **No**

If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):

Facility currently has Pretreatment Permit and Hazardous Waste EPA ID Number.

How will sanitary sewage be collected and treated? Piped to City of Starkville

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

N/A

Is treatment of storm water provided at any outfall? If so, please describe:

N/A

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.

Byron Myers — **Signature[1] (Must be signed by operator when different than owner)**

3/31/2015 — **Date Signed**

Byron Myers — **Printed Name[1]**

Plant Manager — **Title**

[1]**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

Revised: 09/30/10