

AI #1995
Gnp20150001



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JUN 08 2015
MDEQ

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER BASELINE STORM WATER

GENERAL NPDES PERMIT MSR00 2223

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 60 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

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.

SUBMITTALS WITH THIS BNOI MUST INCLUDE A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) WITH THE MINIMUM COMPONENTS FOUND IN PART III.C. 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 ONE-HALF OF A 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)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Jim Garrard, Executive Vice President/Chief Operations Officer

OWNER COMPANY NAME: Marshall County Hardwoods

OWNER STREET (P.O. BOX): Post Office Box 16929

OWNER CITY: Memphis STATE: TN ZIP: 38186-0929

OWNER PHONE NUMBER (INCLUDE AREA CODE): (662) 393-3765

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Bill Grymes, Plant Manager

OPERATOR COMPANY: Marshall County Hardwoods

OPERATOR STREET (P.O. BOX): 118 South Center Street

OPERATOR CITY: Potts Camp STATE: MS ZIP: 38659

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): (662) 393-3765

FACILITY INFORMATION

FACILITY NAME: Marshal County Hardwoods

NATURE OF BUSINESS (INCLUDE 4 - DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):

Primary SIC Code 2421 General Saw Mills and Planning Mills (i.e., NACIS 321912)

RECEIVING STREAM: Un-named tributary to Oaklimeter Creek

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):

STREET: 118 South Center Street

CITY: Potts Camp

COUNTY: Marshall

ZIP: 38659

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: NA

LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATERIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINERY EXPOSED TO STORM WATER (ATTACH ADDITIONAL PAGES IF NECESSARY):

Green & Air Dried Lumber, Above-ground Storage Tanks and Secondary Containment, Solid Waste Containers, Forklifts, Road Grader, and Miscellaneous Equipment and Components.

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 THE FACILITY A SARA TITLE III, SECTION 313 FACILITY WITH WATER PRIORITY CHEMICALS IN REPORTABLE QUANTITIES? (Yes _____ No X _____). IF YES, PLEASE ATTACH A LIST OF WATER PRIORITY CHEMICALS PRESENT AT THE FACILITY. WATER PRIORITY CHEMICALS ARE LISTED IN FR 57/175 PP. 41331-41335 (9/9/92). REPORTABLE QUANTITIES ARE 25,000 LBS/YEAR IF MANUFACTURED OR PROCESSED, OR 10,000 LBS/YR OTHER USE (SEE 40 CFR 372.65).

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

IS THIS NOTICE FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS? (Yes _____ No X). If yes, circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, other(s): _____

HOW WILL SANITARY SEWAGE BE DISPOSED? Sanitary sewage is connected to a septic system.

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE FACILITY MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL.

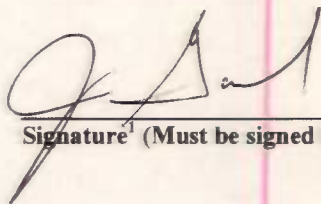
NA

IS TREATMENT OF STORM WATER PROVIDED AT ANY OUTFALL? IF SO, DESCRIBE: _____

NA

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)

6/4/15
Date Signed

Jim Garrard

Printed Name¹

Executive Vice President/C.O.O.

Title

¹This application shall be signed according to the General Permit, Part V.E., 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.