

AI#16498  
GMP20160001



RECEIVED  
JUN 27 2016  
Dept. of Environmental Quality

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2275**  
(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 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 FORM BLANKS MUST BE COMPLETED** (enter "NA" if not applicable)

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

**OWNER INFORMATION**

Owner Contact Name: Jeffrey Gamber Position: Site Supervisor  
Owner Company Name: Air Products and Chemicals, Inc.  
Owner Street (P.O. Box): 1080 Fender Trail NE  
Owner City: Brookhaven State: MS Zip: 39601  
Owner Phone Number: (601) 823-9850 Owner Email: GAMBERJD@airproducts.com

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Jeffrey Gamber Position: Site Supervisor  
Operator Company Name: Air Products and Chemicals, Inc.  
Operator Street (P.O. Box): 1080 Fender Trail NE  
Operator City: Brookhaven State: MS Zip: 39601  
Operator Phone Number: (601) 823-9850 Operator Email: GAMBERJD@airproducts.com

## FACILITY INFORMATION

Facility Name: Air Products and Chemicals, Inc.-Brookhaven CO2 Facility

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

SIC Code: 2 8 1 3 Industrial Gas Production

Receiving Stream: East Bogue Chitto River

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: 1080 Fender Trail NE City: Brookhaven

County: Lincoln Zip: 39601

Latitude: 31 degrees 36 minutes 27 seconds Longitude: 90 degrees 25 minutes 0.5 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Map Interpolation

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

NA

How will sanitary sewage be collected and treated? City of Brookhaven POTW

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

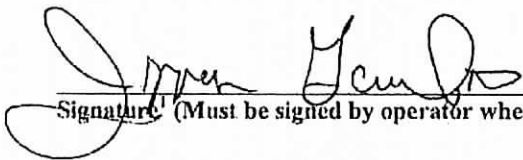
None

Is treatment of storm water provided at any outfall?       Yes       No

If yes, please 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.

  
Signature (Must be signed by operator when different than owner)

6/3/16  
Date Signed

Jeffrey Gamber  
Printed Name<sup>1</sup>

Site Supervisor  
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

AI #16498

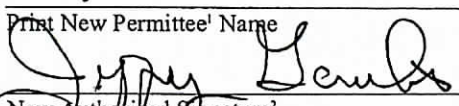
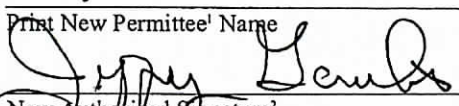
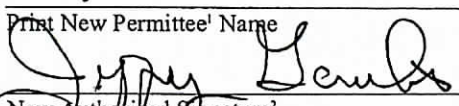
## Environmental Permits for Industrial Facilities

### Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p><b>Item I.</b></p> <p>Facility Name: <u>Air Products and Chemicals, Inc.-Brookhaven CO2 Fac</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>1080 Fender Trail NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>County: <u>Lincoln</u></p> <p>Telephone: ( <u>601</u> ) <u>823-9850</u></p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Jeffrey Gamber</u></p> <p>Title: <u>Site Supervisor</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1080 Fender Trail NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone ( <u>504</u> ) <u>253-8324</u></p>				
<p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: <u>EPCO Carbon Dioxide Products, Inc</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1078 Fender Trail NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone: ( <u>601</u> ) <u>823-9850</u></p>	<p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: <u>Air Products and Chemicals, Inc.-Brookhaven CO2 Facility</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1080 Fender Trail NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone: ( <u>601</u> ) <u>823-9850</u></p>				
<p><b>Item V.</b></p> <p>Industrial Activity      SIC Code: <u>2813</u></p> <p>Brief Description: <u>Carbon Dioxide Gas Liquefaction for manufacture of food grade CO2.</u></p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change?    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>				
<p><b>Item VII.</b></p> <p>Will Facility Name Change?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Air Products and Chemical, Inc.-Brookhaven CO2 Fac</u></p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: <u>Not Applicable per Instructions</u></p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: _____ Date: _____</p>				
<p><b>Item IX.</b></p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>EPCO Carbon Dioxide Products, Inc.</u></p> <p>To: <u>Air Products and Chemical, Inc., Brookhaven CO2 Facility</u>      Acquisition Date: <u>June 1, 2013</u></p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Jeffrey Gamber</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>Site Supervisor</u></p> <p>Title</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Darrel Craft</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p><u>President</u></p> <p>Title</p> </td> </tr> <tr> <td style="text-align: center;"> <p><u>6/3/16</u></p> <p>Date</p> </td> <td style="text-align: center;"> <p>_____ Date</p> </td> </tr> </table>		<p><u>Jeffrey Gamber</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>Site Supervisor</u></p> <p>Title</p>	<p><u>Darrel Craft</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p><u>President</u></p> <p>Title</p>	<p><u>6/3/16</u></p> <p>Date</p>	<p>_____ Date</p>
<p><u>Jeffrey Gamber</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>Site Supervisor</u></p> <p>Title</p>	<p><u>Darrel Craft</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p><u>President</u></p> <p>Title</p>				
<p><u>6/3/16</u></p> <p>Date</p>	<p>_____ Date</p>				

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<sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.  
<sup>2</sup> Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.  
Page 1 of 2      SEPTEMBER 2000

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225-2261**  
**(601) 961-5171**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input checked="" type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input checked="" type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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**Item XII. Permit(s) and/or Coverage(s) to be Transferred**

<p>Permit Type: <u>See "Other Information" below</u></p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p><b>OTHER INFORMATION:</b></p> <p>The new owner, Air Products and Chemicals, Inc. is requesting coverage under the General Storm Water Permit No. MSR00 issued 11/17/2015 and expires 10/31/2020. The previous owner (EPCO Carbon Dioxide Products, Inc.) had a "No Exposure Certification" submitted on April 3, 2013 and did not have any permits.</p>
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