

AI #58298  
Gnp2017001

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Dept. of Environmental Quality

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2305**  
(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: Tim Riley Position: Vice President  
Owner Company Name: Laclede Chain Mfg LLC  
Owner Street (P.O. Box): 1549 Fenpark Drive  
Owner City: Fenton State: MO Zip: 63026  
Owner Phone Number (Include Area Code): 800-325-2699

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

Operator Contact Name: Dacondra Smith Position: Plant Manager  
Operator Company Name: Laclede Chain Mfg LLC  
Operator Street (P.O. Box): 101 West Ceres Blvd.  
Operator City: Vicksburg State: MS Zip: 39183  
Operator Phone Number (Include Area Code): 601-802-0134

## FACILITY INFORMATION

Facility Name: Laclede Chain Mfg LLC

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

SIC Code: 3 4 9 6 Misc. Fabricated Metal Products

Receiving Stream: Big Black River

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: 101 West Ceres Blvd

City: Vicksburg

County: Warren

Zip: 39183

Latitude: 32 degrees 21'5 minutes 17 seconds

Longitude: 90 degrees 40'1 minutes 33 seconds

Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): Google Map

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

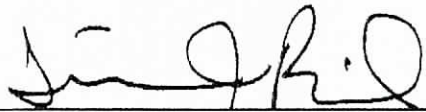
If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER  
REGULATIONS/REQUIREMENTS**

Is this a notice for a facility that will require other permits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s): <hr/>		
How will sanitary sewage be collected and treated? <u>Existing Sanitary Sewer / Treatment System</u>		
Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval. <u>Not Applicable</u>		
Is treatment of storm water provided at any outfall? If so, please describe: <u>No</u>		

**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)	3/17/2017 _____ Date Signed	
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Tim Riley _____ Printed Name	Vice President _____ Title
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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