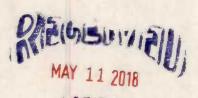
AT#816 60120180001





MDEQ

## BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 3 44- (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: Mayor Stacey W. Parker Position: Mayor
Owner Company Name: City of Houston MS - Houston Municipal Arrport
Owner Street (P.O. Box): 110 Hir port Road
Owner City: Hous ton State: MC 7: 3005/
Owner Phone Number: 662 456-2328 Owner Email: bouston may on a ci. hous on ms. 45
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: ( Operator Email:

## FACILITY INFORMATION

THEILITT INFORMATION	
Facility Name: Houston Municipal Airport	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and described Code: 458   Houston Municipal Airport	ption):
Receiving Stream: MA	
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: 10 Aurport Rd City: Houston	
County: Chickasaw zip: 3885	51
Latitude: 33 degrees 53 minutes 11 seconds N Longitude: 089 degrees 01 minutes	23 seconds W
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Mep Inte	rpolation
Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling performed, provide a summary for each parameter, including sampling dates and the minimum maximum values.	g has been 1, average and
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? If yes, please attach a list of water priority chemicals present at the facility.	Yes No

## DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

	- CURTIONS/REQUIREMENTS
Is this notice to	
a sur motice 101 a	facility that will require other permits?
If yes chook	Yes WNo
Individual Arra	onc(s): Air, Hazardone Words
Managarian MAD	b onc(s): Air, Hazardous Waste, Pretreatment, Water State Operating,
	- Saite Operating,
How will sanitary s	sewage be collected and treated? City Sewer - Islatment Plant
	Sewer - Treatment Plant
Indicate any local as	, and the second
approval.	orm water ordinance with which the facility must as a
1/1/2	form water ordinance with which the facility must comply and submit any documentation of
-/V/M	
Is treatment of storm	water provided at any outfall?
If you -1	Yes No
If yes, please descr	fibe:
nomitted. Based on my in athering the information, a aware that there are sign apprisonment for knowing	RW that this document and all attachments were prepared under my direction or supervision in designed to assure that qualified personnel properly gathered and evaluated the information the person or persons who manage the system, or those persons directly responsible for the information submitted is to the best of my knowledge and belief, true, accurate and complete. I violations.
So	
( ) - 2 ( -	
mature (Must be signed i	by operator when different than owner)  Date Singled
	by operator when different than owner)  Date Signed
a.	Once Signed 7
Stacey W	Package
nted Name	as ker
	THE
is application shall be sign	responsible corporate officer.  Title  Title
For a partien, by a	responsible corporate officer.
For a sale propriet	general partner,
For a sole proprietorship For a municipal state and	b, by the proprietor.
ante Di	p, by the proprietor.  other public facility, by principal executive officer, the mayor, or ranking elected official,
r signing please mail to:	Chi a mayor, or ranking elected official,
o to mar mittle (C);	Cutel, Environmental Demoit
	The state of the s
	P.O. Box 2261  Jackson, Als 20226
	Jackson, MS 39225
	Jackson, MS 39225  Page 3 of 3