

AI #10312
Gnp20060001

Part I

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER BASELINE STORM WATER

GENERAL NPDES PERMIT MSR00 1754

(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: Thomas Comer/Owner

OWNER COMPANY NAME: CFC Transportation, Inc.

OWNER STREET (P.O. BOX): P.O. Box 8057 (2601 Cleda Drive)

OWNER CITY: Columbus STATE: Mississippi ZIP: 39705

OWNER PHONE NUMBER (INCLUDE AREA CODE): (662) 329-0019

OPERATOR INFORMATION

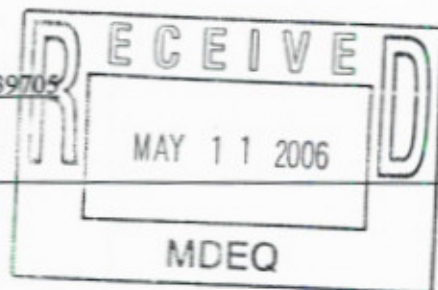
OPERATOR CONTACT NAME & POSITION: Thomas Comer/Owner

OPERATOR COMPANY: CFC Transportation, Inc.

OPERATOR STREET (P.O. BOX): P.O. Box 8057 (2601 Cleda Drive)

OPERATOR CITY: Columbus STATE: Mississippi ZIP: 39705

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): (662) 329-0019



FACILITY INFORMATION

FACILITY NAME: CFC Transportation, Inc.

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

Primary SIC Code, 2869-Industrial organic chemicals, not elsewhere classified. 4231-Trucking terminals, freight; with or without maintenance facilities.

RECEIVING STREAM: Luxapallila

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

STREET: 2601 Cleda Drive

CITY: Columbus

COUNTY: Lowndes

ZIP: 39705

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):

Miscellaneous metal (raw materials and finished products), scrap metal components, facility equipment and vehicles, biodiesel equipment/process, fuel tanks, and employee parking area.

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. None included.

IS THE FACILITY A SARA TITLE III, SECTION 313 FACILITY WITH WATER PRIORITY CHEMICALS IN REPORTABLE QUANTITIES? (Yes X No). 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). Methanol

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

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

HOW WILL SANITARY SEWAGE BE DISPOSED? Facility sanitary sewage is discharged to the city sewer system and is treated and disposed of at the Columbus Public Owned Treatment Works (POTW).

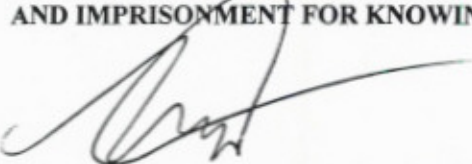
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE FACILITY MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL.

N/A

IS TREATMENT OF STORM WATER PROVIDED AT ANY OUTFALL? IF SO, DESCRIBE: NO

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)

May 10 2006
Date Signed

Thomas Comer
Printed Name¹

Owner
Title President

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.