

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 0 2 0

(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: WIOWNER WIOTERATOR (PLEASE CHECK ONE OR BUT	THE APPLICANT IS:	⊘OWNER	☑ OPERATOR (PLEASE CHECK ONE OR BOT
---	-------------------	---------------	--

OWNER INFORMATION

Owner Contact Name: Lenny Damron	Position	n: <u>VP</u>
Owner Company Name: <u>LKQ Plunks Truck Parts & Equipment</u>	nt Jackson Inc	
Owner Street (P.O. Box): 120 N LaSalle St Suite 3300		• • • • • • • • • • • • • • • • • • • •
Owner City: Chicago	State: IL	Zip: <u>60602</u>
Owner Phone Number (Include Area Code): 312-621-2700		

OPERATOR INFORMATION (if different than owner)

Position: Plant Manger
ment Jackson Inc
State: MS Zip: 39208

FACILITY INFORMATION

Facility Name: LKQ Plunks & Equipment-Jackson				
Nature of Business (Include 4–digit Standard Industrial Classification Code (SIC) and desc SIC Code: 5 0 1 5 Dismantling of motor vehicle parts, used	ription):			
Receiving Stream: Peal 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: 105 HWY 80 West City: Pearl				
County: Pearl River Zip: 39208				
Latitude: 32 degrees 16 minutes 44 seconds Longitude: 90 degrees 10 minutes	utes 31 seconds			
Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): TERRA SERVER				
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 amount if yes, please attach a list of water priority chemicals present at the facility.	ints? ☐ Yes ☑ No			

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	es 🗸 No	
If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Wlist Other(s):	ter State Operating, Individu	al NPDES, or
NA		
How will sanitary sewage be collected and treated?		1444
Indicate any local storm water ordinance with which the facility mu approval.	t comply and submit any doc	cumentation of
Is treatment of storm water provided at any outfall? If so, please d	scribe:	
CERTIFICATION		
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the significant the information, the information submitted is to the best of my kn am aware that there are significant penalties for submitting false informatio imprisonment for knowing violations.	gathered and evaluated the int stem, or those persons directly r wledge and belief, true, accurat	formation responsible for e and complete. I
Signature (Must be signed by operator when different than owner)	2-23-11 Date Signed	
George Varner Printed Name ¹	Plant Manger Title	

¹This 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