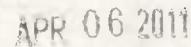


Gnp 20110001



WDEC

(NUMBER TO BE ASSIGNED BY STATE)

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

FACILITY INFORMATION

Facility Name: Parker Hannifin, Mobile Climate Systems

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

SIC Code: 3 7 1 4 Motor Vehicle Parts and Accessories

Receiving Stream: Hurt Creek

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: 1620 Highway 6 East

City: Batesville

County: Panola

Zip: 38606

Latitude: 34 degrees 18 minutes 30.6 seconds

Longitude: 89 degrees 53 minutes 33.6 seconds

Method Used to Determine Lat & Long (GPS (Please GPS 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, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):

Pretreatment MSP090042

How will sanitary sewage be collected and treated? Batesville 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, please 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)

3/23/11

Date Signed

Charles Kane

Printed Name

3/23/11

Title

¹ 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