



APR 06 2011

MDEC

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2031

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: Rick Izor	Positio	n: General Manager
Owner Company Name: Parker Hannifin, Mobile Clim	ate Systems Division	
where Company Name: Taker Hamilton, Modele Com		
Owner Street (P.O. Box): 1125 Schilling Boulevard Ea		

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Charles Kane		Position: Plant Mange
Operator Company Name: Parker Hannifin, MCS		
Operator Street (P.O. Box): 1620 Highway 6 East		
Operator City: Batesville	State: MS	Zip: 38606

FACILITY INFORMATION

Facility Name: Parker Hannifin, Mobile Climate Syst	ems	
Nature of Business (Include 4-digit Standard Industria	ol Classification Code (SIC) and d	escription):
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 Highwyay 6 East	City: Batesville	
County: Panols	Zip: 38606	
Latitude: 34 degrees 18 minutes 30€ seconds	Longitude: 89 degrees 53 n	ninutes 33d seconds
Method Used to Determine Lat & Long (GPS (Please GPS P)	hant Entrance) or Map Interpolation); Map	Interpolation
Attach a copy of any existing laboratory data for each sperformed, provide a summary for each parameter, incomaximum values.		
s this a SARA Title III. Section 313 facility utilizing wate		

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, list Other(s):	Water State Operating, Individual NPDES, or
Pretreatment MSP090042	
How will sanitary sewage be collected and treated? Batesville P	POTW
Indicate any local storm water ordinance with which the facility approval.	must comply and submit any documentation of
N/A	
Is treatment of storm water provided at any outfall? If so, pleas	e describe:
CERTIFICATION	ON
CERTIFICATION	UN
certify under penalty of law that this document and all attachments were coordance with a system designed to assure that qualified personnel proubmitted. Based on my inquiry of the person or persons who manage that there information, the information submitted is to the best of my maware that there are significant penalties for submitting false informations. One of the person o	perly gathered and evaluated the information te system, or those persons directly responsible for knowledge and belief, true, accurate and complete.
ignature (Must be signed by operator when different than owner)	Date Signed
Charles Kane	3/23/11 Title
THE STAIRS	
This application shall be signed according to the General Permit, ACT 1 For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor.	4, T-9, as follows:

- 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