

AI # 13469
GMP 20140001



NOV 17 2014

BASELINE NOTICE OF INTENT (BNOI) ^{MDEQ}

FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2200
(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: OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: James Dalrymple Position: SVP, Power Ops

Owner Company Name: Tennessee Valley Authority

Owner Street (P.O. Box): 1101 Market Street, Mail Stop LP 3K-C

Owner City: Chattanooga State: TN Zip: 37402

Owner Phone Number (Include Area Code): 423-751-6634

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: N/A Position: N/A

Operator Company Name: N/A

Operator Street (P.O. Box): N/A

Operator City: N/A State: N/A Zip: N/A

Operator Phone Number (Include Area Code): N/A

RECEIVED
NOV 17 2014

FACILITY INFORMATION

Facility Name: Magnolia Combined Cycle Gas Plant

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

SIC Code: 4 9 1 1 Electric Services

Receiving Stream: Big Snow 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: 352 Highway 4 West

City: Ashland

County: Benton

Zip: 38603

Latitude: 34 degrees 49 minutes 37 seconds

Longitude: -89 degrees 11 minutes 49 seconds

Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): GPS

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):

The facility already has coverage under the applicable permits listed above.

How will sanitary sewage be collected and treated? On-site collection in septic tank and leach field

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

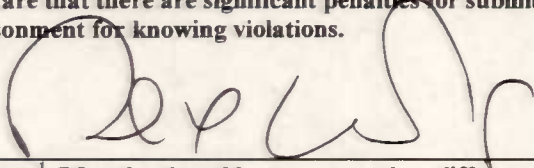
N/A

Is treatment of storm water provided at any outfall? If so, please describe:

Stormwater from the main plant powerblock area drains to an onsite retention pond that provides sedimentation before discharge via Outfall 001 to Big Snow Creek.

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)

11/6/14
Date Signed

Paul Wagner
Printed Name¹

Senior Manager, Regional Gas Ops
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