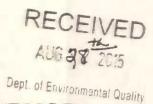
FI#27199 60020150001

THE APPLICANT IS:





OPERATOR (PLEASE CHECK ONE OR BOTH)

BASELINE NOTICE OF INTENT (BNOI)

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

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)

✓ OWNER

OWNER INFORMATION		
Owner Contact Name: Kevin Sayle	Position: V.P. Fuel Sales	
Owner Company Name: Sayle Oil Company		
Owner Street (P.O. Box): Post Office Box 310		
Owner City: Charleston	State: MS Zip: 38921	
Owner Phone Number (Include Area Code): (662)) 647-5802 x 249; (662) 647-1437	
	MATION (if different than owner)	
Operator Contact Name:	Position:	
Operator Company Name:		
Operator Street (P.O. Box):		
	State: Zip:	

FACILITY INFORMATION

Facility Name: Charleston Bulk Plant		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SSIC Code: 5 1 7 1 Petroleum Bulk Stations and Terminals	SIC) and description):	
Receiving Stream: Tillatoba 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: 3261 MS Highway 35 North City: Charl	eston	
County: Tallahatchie	Zip : 38921	
Latitude: 34 degrees 00 minutes 30 seconds Longitude: -90 degr	rees 04 minutes 08 seconds	
Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpola	ation): GPS	
Attach a copy of any existing laboratory data for each storm water outfall. If performed, provide a summary for each parameter, including sampling dates maximum values.		
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at the If yes, please attach a list of water priority chemicals present at the facility.	nreshold amounts? Yes No	

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, Wlist Other(s):	ater State Operating, Individual NPDES, or
NPDES Permit Application for Proposed Wash Pad Discharge has been submitted to M	MDEQ
How will sanitary sewage be collected and treated? On-site septic	tank and garbage collector
Indicate any local storm water ordinance with which the facility mapproval.	ust comply and submit any documentation of
Is treatment of storm water provided at any outfall? If so, please d	escribe:
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 penalties for submitted is to the best of my kn am aware that there are significant penalties for submitting false informatio imprisonment for knowing violations.	ly gathered and evaluated the information system, or those persons directly responsible for owledge and belief, true, accurate and complete. I
Signature' (Must be signed by operator when different than owner)	8-13-2015
Signature (Must be signed by operator when different than owner)	Date Signed
Kevin Sayle	V.P. Fuel Sales
Printed Name ¹	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