



RECEIVED

BASELINE NOTICE OF INTENT (BNOT) 1 4 2018

FOR COVERAGE UNDER THE BASELINE STORM WATER ON COVERAGE UNDER THE BA

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the 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 BNO1 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

OWNER INFORMATION		
Owner Company Name: BrandSafway Solutions, LI		
Owner Street (P.O. Box): 3512 Brookdale Dr. South		
Owner City: Mobile	State: AL Zip: 36618	
Owner Phone Number: (228) 769-0494 O		
OPERATOR INFORMA	TION (if different than owner)	
Operator Contact Name:	Position:	
Operator Company Name:	Position:	
Operator Contact Name: Operator Company Name: Operator Street (P.O. Box):	Position:	

FACILITY INFORMATION

Facility Name: BrandSafway Solutions, LLC	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and de SIC Code: 3 4 7 9 Coating, Engraving and Allied Services	escription):
Receiving Stream: Escatawpa River	
Is receiving stream on MDEQ's 303(d) List?	☐ Yes ☑ No
Has a TMDL been established for the receiving stream segment?	☐ Yes ☑ No
Physical Site Address:	
Street: 10005 Old Stage Road City: Moss Point	
County: Jackson Zip: 39562	
Latitude: 30 degrees 25 minutes 59 seconds Longitude: 88 degrees 26 mi	nutes 34 seconds
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of plant entrance	
Attach a copy of any existing laboratory data for each storm water outfall. If multiple samperformed, provide a summary for each parameter, including sampling dates and the minimaximum values.	npling has been imum, average and
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amo If yes, please attach a list of water priority chemicals present at the facility.	unts? ☐ Yes ☑ No
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amo If yes, please attach a list of water priority chemicals present at the facility.	unts? □Yes ☑ No

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	✓ Yes □ No
If yes, check which one(s): Air, Hazardous Waste, Parallel Individual NPDES, or list Other(s):	retreatment, Water State Operating,
How will sanitary sewage be collected and treated? Septic Tan	<u>k</u>
Indicate any local storm water ordinance with which the facility approval.	y must comply and submit any documentation of
NA	
Is treatment of storm water provided at any outfall?	☐ Yes ✓ No
If yes, please describe:	
CERTIFICATI	ON
I certify under penalty of law that this document and all attachments w	ere prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel pr	
submitted. Based on my inquiry of the person or persons who manage to gathering the information, the information submitted is to the best of m	the system, or those persons directly responsible for y knowledge and belief, true, accurate and complete.
am aware that there are significant penalties for submitting false inform	nation, including the possibility of fine and
mprisonment for knowing violations.	
	5-8-18
Signature (Must be signed by operator when different than owner)	Date Signed
organisate (Mast be signed by operator when different than owner)	Date Signed
Brett Andrews	Operations Manager
Printed Name ¹	Title
This application shall be signed according to the Concret Power't ACT	14 T 0 C-II
	14, T-9, as follows:
This application shall be signed according to the General Permit, ACT - For a corporation, by a responsible corporate officer For a partnership, by a general partner.	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 corporation, by a responsible corporate officer.For a partnership, by a general partner.	
 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. 	ve officer, the mayor, or ranking elected official.
For a partnership, by a general partner.For a sole proprietorship, by the proprietor.	ve officer, the mayor, or ranking elected official.

Jackson, MS 39225