



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 0 2 1 7

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 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: OW	NER OPERATOR (PLEASE CHECK ONE OR BOTH)			
OWNER INFORMATION				
Owner Contact Name: Mr. Gary Hollow	ay Position: Commission Pres.			
Owner Company Name: Natchez-Adams County Airport				
Owner Street (P.O. Box): 434 Airport Ro	oad			
Owner City: Natchez	State: MS Zip: 39120			
Owner Phone Number: (601) 870-0224 Owner Email: glholloway@bellsouth.net				
OPERATOR INFORMATION (if different than owner)				
	Position:			
Operator Company Name:				
Operator Street (P.O. Box):				
Operator City:	State:Zip:			
Operator Phone Number: ()	Operator Email:			

FACILITY INFORMATION

Facility Name: Natchez-Adams County Airport				
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):				
SIC Code: 4 5 8 1 Airports Flying Fields				
Receiving Stream: Fairchilds Creek				
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: 434 Airport Road City: Natchez				
County: Adams Zip: 39120				
Latitude: 31 degrees 36 minutes 49 seconds Longitude: 91 degrees 17 minutes 50 seconds				
Method Used to Determine Lat & Long (GPS of 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, check which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):					
How will sanitary sewage	be collected and treated? Septic				
Indicate any local storm v approval.	water ordinance with which the faci	lity must com	ply and submit any documentation of		
N/A					
Is treatment of storm wat	er provided at any outfall?	☐ Yes	☑ No		
If yes, please describe:					
accordance with a system design submitted. Based on my inqui gathering the information, the	information submitted is to the best of icant penalties for submitting false info	properly gathe e the system, o my knowledge	ered and evaluated the information or those persons directly responsible for e and belief, true, accurate and complete.		
Han Arlfni or Signature' Must be signed by	operator when different than owner)		7/3//2018 Date Signed		
Mr. Gary Holloway Printed Name ¹	· · · · · · · · · · · · · · · · · · ·		Commission President		
This application shall be signed. For a corporation, by a result. For a partnership, by a generator a sole proprietorship.	ed according to the General Permit, AC esponsible corporate officer. eneral partner. , by the proprietor. other public facility, by principal execu		oliows:		
After signing please mail to:	Chief, Environmental Permits Divis MS Department of Environmental (P.O. Box 2261 Jackson, MS 39225		of Pollution Control		