

FACILITY INFORMATION

Facility Name: Baxter Healthcare Corporation

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

SIC Code: 2 8 3 4 Pharmaceutical Preparations

Receiving Stream: Unnamed Tributary of Leads Bayou

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: 911 North Davis Avenue City: Cleveland

County: Bolivar Zip: 38732

Latitude: 33 degrees 45 minutes 51.9 seconds Longitude: 90 degrees 42 minutes 57.9 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):

Currently has NPDES MS000833 (Process and Storm) and Syn. Minor Air 024000052

How will sanitary sewage be collected and treated? City of Cleveland POTW and NPDES above

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? Yes No

If yes, please describe: Baxter is adding a production building on east side of facility and is requesting coverage under the BSWGP for eastern side of the facility, other areas flow to individual permit.

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.

Sandra K Golden

Signature¹ (Must be signed by operator when different than owner)

12/14/18

Date Signed

Sandra K Golden

Printed Name¹

Site Director

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