AI 8120

THE APPLICANT IS:





.DNS.

BASELINE NOTICE OF INTENT (BNOI) MID

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 4 3

(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 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)

OWNER

☑ OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION		
Owner Contact Name: Greg Collier	Position: SUPERVISOR	
Owner Company Name: TIShomingo County		
Owner Street (P.O. Box): 1008 Battleground Dr =	# 204	
Owner City: TUKA St	ate: <u>MS</u> zip: 38852	
Owner Phone Number: 662 423-7032 Owner Email: pcummings@co.tishomings		
OPERATOR INFORMATION (if different than owner)		
Operator Contact Name: Terry Nix	Position: Operator	
Operator Company Name: Tishomingu Cu. Airpurt		
Operator Street (P.O. Box): 20 Airport Rd		
	NS zip: 38827	
Operator Phone Number: (662) 424. 0846 Operator Email: dusty-nix oatt. net		

FACILITY INFORMATION

Facility Name: Tishumingo Co Airpurt	<u>.</u>	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):		
sic code: 4581 General Aviation		
Receiving Stream: WOFFORD CYEEK		
Is receiving stream on MDEQ's 303(d) List?	s ☑No	
Has a TMDL been established for the receiving stream segment?	s □ No	
Physical Site Address:		
street: 20 Airport Rd city: Belmont		
County: Tishomingo zip: 38827		
Latitude: N degrees 34 minutes seconds Longitude: W degrees 88 minutes	seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Fare-	chart.	
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? If yes, please attach a list of water priority chemicals present at the facility.	es No	

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

4.4		
Is this notice for a facility t	hat will require other permits?	No
If yes, check which one(s): ☐ Individual NPDES, or li	☐ Air, ☐ Hazardous Waste, ☐ Pretreatment, st Other(s):	, Water State Operating,
How will sanitary sewage b	e collected and treated? CITY SEWO	ige
Indicate any local storm was approval.	nter ordinance with which the facility must com	ply and submit any documentation of
Is treatment of storm water If yes, please describe: _	r provided at any outfall?	⊠Ńo
	×	
accordance with a system design submitted. Based on my inquir gathering the information, the i	CERTIFICATION at this document and all attachments were prepared ned to assure that qualified personnel properly gather by of the person or persons who manage the system, on the nest of my knowledge ant penalties for submitting false information, includations.	red and evaluated the information r those persons directly responsible for and belief, true, accurate and complete. I
Signature (Must be signed by o	perator when different than owner)	2.12.21 Date Signed
Terry Ni Printed Name ¹	X. F	30 Operator
For a corporation, by a reFor a partnership, by a geFor a sole proprietorship,		7
After signing please mail to:	Chief, Environmental Permits Division MS Department of Environmental Quality, Office P.O. Box 2261 Jackson, MS 39225	of Pollution Control

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