

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 43 9

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 ISNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5-8 of the Industrial Stormwater 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: OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)	
OWNER INFORMATION	
Owner Contact Name: Ron E. Davis	Position: Airport Manager
Owner Company Name: Vicksburg Municipal Airport	
Owner Street (P.O. Box): 5855 US-61	
Owner City: Vicksburg Sta	ate: MS39180
Owner Phone Number: 601636-4925 Owner Email: rdavis@vicksburg.org	
OPERATOR INFORMATION (if different	than owner)
Operator Contact Name:	
Operator Company Name:	
Operator Street (P.O. Box):	
Operator City: State:	Zip:
Operator Phone Number: () Operator Email:	

2 - peceived via email 4.30.21

FACILITY INFORMATION

Facility Name: Vicksburg Municipal Airport		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 4581 Airports, Flying Fields, and Airport Terminal Services		
Receiving Stream: Paces Bayou and Hennesseys Bayou to Mississippi 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: 5855 US-61 City: Vicksburg		
County: Warren zip: 3918	0	
Latitude: 32 degrees 14 minutes 21 seconds Longitude: 90 degrees 55 minu	tes <u>31</u> seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or 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?	es 🔳 No
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreat☐ Individual NPDES, or list Other(s):	tment, 🗌 Water State Operating,
How will sanitary sewage be collected and treated? City of Vick	ksburg
Indicate any local storm water ordinance with which the facility must approval.	t comply and submit any documentation of
Is treatment of storm water provided at any outfall?	
·	
CERTIFICATION	
I certify under penalty of law that this document and all attachments were preaccordance with a system designed to assure that qualified personnel properly submitted. Based on my inquiry of the person or persons who manage the systemetring the information, the information submitted is to the best of my known am aware that there are significant penalties for submitting false information, imprisonment for knowing violations.	gathered and evaluated the information tem, or those persons directly responsible for vledge and belief, true, accurate and complete. I
Signature (Must be signed by operator when different than owner)	Date Signed
	ราย เดิก เกลา เกลา เกลา เกลา เกลา เกลา เกลา เกล
Ronald E. Davis, Sr.	Airport Manager
Printed Name ¹	Title
¹ This application shall be signed according to the General Permit, ACT 16, T-For a corporation, by a responsible corporate officer.	9, as follows:

- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- 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