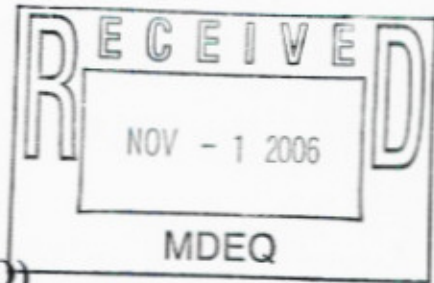


AI #34916
GMP 2006000



**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)
BASELINE NOTICE OF INTENT (BNOI)**

**FOR COVERAGE UNDER BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 1778**
(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: Luanne Wise Position: Licensing Manager
Owner Company Name: Wal-Mart Stores East, LP
Owner Street (P.O. Box): 702 S.W. 8th Street
Owner City: Bentonville State: AR Zip: 72716-0500
Owner Phone Number (Include Area Code): 479-204-8604

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____
Operator Company Name: _____
Operator Street (P.O. Box): _____
Operator City: _____ State: _____ Zip: _____
Operator Phone Number (Include Area Code): _____

FACILITY INFORMATION

Facility Name: Wal-Mart Distribution Center #6072

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

SIC Code: 4 2 2 2 Land Trans. - Motor freight, Trans., Refrigerated Warehousing and Storage

Receiving Stream: Hell's Creek

Physical Site Address (if not available indicate the nearest named road):

Street: 931 State Highway 30 West City: New Albany

County: Union Zip: 38652

Indicate Any Association or Generic SWPPP: NA

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, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

How will sanitary sewage be collected and treated? City of New Albany operates a lift station adjacent to
the property

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval. The City of New Albany is currently transitioning into compliance under Mississippi's Municipal Separate Storm Sewer System General NPDES Permit for this urbanized area. The date of coverage is March 10, 2003 until February 28, 2008. Guidance and Requirements under the MS4 permit for the City of New Albany - Union County MS has not been received by the City of New Albany.

Is treatment of storm water provided at any outfall? If so, please describe:

All storm water collects in a detention pond surrounding the facility that empties into Hell's Creek.

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.


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

10/19/08
Date Signed

John P. Suarez
Printed Name¹

Sr. VP, Asset Prot. and Compliance
Title

¹This application shall be signed according to the General Permit, ACT 13, T-4, 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: **Environmental Permits Division, Office of Pollution Control**
P.O. Box 10385
Jackson, MS 39289-0385