

AI #78478
GTP20200001

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BY: _____



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL
NPDES PERMIT MSR00 2426
(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)

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

OWNER INFORMATION

Owner Contact Name: <u>Drew Hartsock</u>	Position: <u>HazMat & Environmental Manager</u>
Owner Company Name: <u>Ferguson Enterprises, LLC</u>	
Owner Street (P.O. Box): <u>12500 Jefferson Ave.</u>	
Owner City: <u>Newport News</u>	State: <u>VA</u> Zip: <u>23602</u>
Owner Phone Number: <u>(757) 367-9330</u>	Owner Email: <u>Drew.Hartsock@Ferguson.com</u>

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FACILITY INFORMATION

Facility Name: Ferguson Facility #5295

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

SIC Code: 3089 Metals Fabrication and Associated Activities

Receiving Stream: N/A – Stormwater Discharges Infiltrate into Surrounding Wooded Area Ground

Is receiving stream on MDEQ's 303(d) List? No

Has a TMDL been established for the receiving stream segment? N/A

Physical Site Address:

Street: 800 Spring Street Ext City: Fulton

County: Itawamba Zip: 38843

Latitude: 34 degrees 15 minutes 28 seconds Longitude: 88 degrees 24 minutes 58 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth

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.

N/A

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes No

No

If yes, please attach a list of water priority chemicals present at the facility.

N/A

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):

Separate Self-certified Tier I SPCC

How will sanitary sewage be collected and treated? Containerized and disposed of by 3rd party vendor.

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

N/A

Is treatment of stormwater provided at any outfall? Yes No

If yes, please describe: N/A

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)

10-24-20
Date Signed

Signature¹

Michael Hood
Printed Name¹

General Manager
Title