

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI
SUBJECT: [Illegible]

PERSONNEL

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

ADMINISTRATIVE

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

OPERATIONAL CONTROLS

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

FACILITY INFORMATION

Facility Name: Amazon.com Services LLC - MEMv

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

SIC Code: 4 2 2 5 General Warehousing and Storage

Receiving Stream: Camp Creek

Is receiving stream on MDEQ's 303(d) List? [] Yes [x] No

Has a TMDL been established for the receiving stream segment? [] Yes [x] No

Physical Site Address:

Street: 10285 Stateline Road City: Olive Branch

County: Desoto Zip: 38654

Latitude: 34 degrees 59 minutes 33 seconds Longitude: 89 degrees 48 minutes 26 seconds

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

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 [x] 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):

N/A

How will sanitary sewage be collected and treated? N/A - portable toilets only onsite

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: 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.



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

5/20/2022

Date Signed

Michael Boese

Printed Name¹

North America Operations Environmental Leader

Title

¹This application shall be signed according to the General Permit, ACT 16, 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