



BASELINE NOTICE OF INTENT (BNO)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2247

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)
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OWNER INFORMATION

Owner Contact Name: Betty Jurkowski	Positio	n: Sr. Envm. Manager
Owner Company Name: National Express Corporation		
Owner Street (P.O. Box): 4300 Weaver Parkway		
Owner City: Warrenville	State: IL	Zip: 60555
Owner Phone Number (Include Area Code): (630) 821-9058		

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Curtis Washington		Position: General Manager
Operator Company Name: <u>Durham School Services</u> , <u>LP</u>		
Operator Street (P.O. Box): 13328 Highway 18		
Operator City: Raymond	_State: MS	Zip: 39154
Operator Phone Number (Include Area Code): (601) 859-8357	7	

FACILITY INFORMATION

Facility Name: Durham School Services, LP CSC #3066				
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and SIC Code: 4 1 5 1 School Buses	description):			
Receiving Stream: Snake Creek				
Is receiving stream on MDEQ's 303(d) List?	☐ Yes ☑ No			
If yes, has a TMDL been established for the receiving stream segment?	☐ Yes ☑ No			
Physical Site Address:				
Street: 13328 Highway 18 City: Raymond				
County: Hinds Zip: 391	54			
Latitude: 32 degrees 15 minutes 7.2 seconds Longitude: 90 degrees 24	minutes 30.0 seconds			
Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): GPS				
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, circle which one(s): Air, Hazardous Waste, Pretreatment, Wat list Other(s):	ter State Operating, Individual NPDES, or
How will sanitary sewage be collected and treated? Sanitary sewage	will flow to sewer drains.
Indicate any local storm water ordinance with which the facility mus approval.	t comply and submit any documentation of
N/A	
Is treatment of storm water provided at any outfall? If so, please des	scribe:
CERTIFICATION	
I certify under penalty of law that this document and all attachments were praccordance with a system designed to assure that qualified personnel properly submitted. Based on my inquiry of the person or persons who manage the sysgathering 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.	y gathered and evaluated the information stem, or those persons directly responsible for wledge and belief, true, accurate and complete. I
Signature Must be signed by operator when different than owner)	Date Signed
Betty Jurkowski	Sr. Envm. Manager
Printed Name	Title
 This application shall be signed according to the General Permit, ACT 14, T-For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor. 	.9, as follows:
- For a municipal, state or other public facility, by principal executive offi	cer, the mayor, or ranking elected official.

. Revised: 09/30/10

MS Department of Environmental Quality, Office of Pollution Control

Chief, Environmental Permits Division

P.O. Box 2261 Jackson, MS 39225

After signing please mail to: