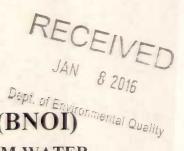
AT# 38715 Gnp20160001





### BASELINE NOTICE OF INTENT (BNOI)

# FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 4 5 6

(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 (SWPP) 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 Contact Name: MAJ Kenneth Bradley	Position: Env. Program N	Agr.
Owner Company Name: Mississippi Army National Gua	rd	
Owner Street (P.O. Box): 1410 Riverside Drive		
Owner City: Jackson	State: MS Zip: 39296	
Owner Phone Number: (601) 313-6228 Owner	Email: kenneth.p.bradley.mil@mail.mil	
OPERATOR INFORMATION	ON (if different than owner)	
	ON (if different than owner)  Position: Aircraft Maint.	Гесh
Operator Contact Name: CW2 William Boyd	Position: Aircraft Maint.	Γech
Operator Contact Name: CW2 William Boyd  Operator Company Name: Tupelo Army Aviation Suppo	Position: Aircraft Maint.	Γech
OPERATOR INFORMATION Operator Contact Name: CW2 William Boyd Operator Company Name: Tupelo Army Aviation Suppo Operator Street (P.O. Box): 3005 W. Jackson Street Operator City: Tupelo	Position: Aircraft Maint.	Γecl

## FACILITY INFORMATION

Facility Name: Tupelo Army Aviation Support Facility	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) a	nd description):
SIC Code: 4 5 8 1 National Security Aviation Support	
Receiving Stream: Unnamed tributary of Kings Creek	
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: 3005 W. Jackson Street City: Tupelo	
County: Lee Zip: 38801	
Latitude: 34 degrees 16 minutes 33 seconds Longitude: 88 degrees 4	5 minutes 86 seconds
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google	
Attach a copy of any existing laboratory data for each storm water outfall. If multiperformed, provide a summary for each parameter, including sampling dates and the maximum values.	ple sampling has been he minimum, average and
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold yes, please attach a list of water priority chemicals present at the facility.	old amounts? Yes No

# 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)  Individual NPDES, or	: Air, Hazardous Waste, Pretre list Other(s):	eatment, Water State Operating,
How will conitory sawage	be collected and treated? Tupelo POTW	
now win sauntary sewage	be concetted and treated. 14pero 101	
Indicate any local storm v approval.	vater ordinance with which the facility m	ust comply and submit any documentation of
	er provided at any outfall?	Yes  ☑ No
11 yes, please describe.		
	CERTIFICATION	N
accordance with a system design submitted. Based on my inquigathering the information, the	gned to assure that qualified personnel proper ry of the person or persons who manage the s information submitted is to the best of my kn icant penalties for submitting false information	ystem, or those persons directly responsible for owledge and belief, true, accurate and complete.
	11	
Hunnel Br	adle	6 Jan 16
Signature' (Must be signed by	operator when different than owner)	Date Signed
MAJ Kenneth P. Bradley		Environmental Program Manager
Printed Name <sup>1</sup>		Title
<sup>1</sup> This application shall be signe	d according to the General Permit, ACT 14, 1	Γ-9, as follows:
- For a corporation, by a re	esponsible corporate officer.	3,43,43,64,64
<ul><li>For a partnership, by a g</li><li>For a sole proprietorship.</li></ul>		
	other public facility, by principal executive of	ficer, 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	