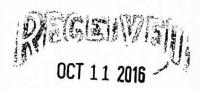
AI#69907 GnP20160001

THE APPLICANT IS:





MDEC

BASELINE NOTICE OF INTENT (BNOI) FOR COVERAGE UNDER THE BASELINE STORM WATER

GENERAL NPDES PERMIT MSR00 2286

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)

✓ OWNER ✓ OPERATOR (PLEASE CHECK ONE OR BOTH)

Owner Contact Name: Chris Bagley	Position: Senior EHS Mgr
Owner Company Name: Elite Comfort Solut	ions
Owner Street (P.O. Box): P.O. Box 128	
Owner City: Hickory	State: NC Zip: 28603
Owner Phone Number: (828) 328-2213-328	Owner Email: cjbagley@elite-cs.com

Operator Contact Name: ______ Position: _____

Operator Company Name:

Operator Street (P.O. Box):

Operator City: _____ State: ____ Zip: ____

Operator Phone Number: () Operator Email:

FACILITY INFORMATION

escription):		
☐ Yes ☑ No		
☐ Yes 🗹 No		
City: Verona		
Zip: 38879		
ninutes 24 seconds		
t entrance		
ampling has been nimum, average and		
Y		
nounts? Yes V No		

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facilit	ty that will require other permits?	☐ Yes	☑ No
If yes, check which one(s ☐ Individual NPDES, o	s):	☐ Pretreatmen	t, 🗌 Water State Operating,
How will sanitary sewag	e be collected and treated? munici	pal sanitary se	wer system
APPROVETY B			
Indicate any local storm approval.	water ordinance with which the fa	cility must com	ply and submit any documentation of
<u>NA</u>			
	ter provided at any outfall?	□Yes	☑ No
If yes, please describe:	NA NA		
abmitted. Based on my inqui athering the information, the maware that there are signiful apprisonment for knowing vice	information submitted is to the best of its penalties for submitting false infoliations.	el properly gather age the system, or of my knowledge	red and evaluated the information those persons directly responsible for
Mis Bul	operator when different than owner)		10/10/10
gnature (Must be signed by	operator when different than owner)	j	Date Signed
nris Bagley inted Name ^l		25 North 27 Charles (Co.) Print (Co.) (1970 VER. 1970 VE	Senior EHS Manager Fitte
For a corporation, by a re For a partnership, by a ge For a sole proprietorship,	ed according to the General Permit, Accesponsible corporate officer. Eneral partner. by the proprietor. other public facility, by principal exec		
ter signing please mail to:	Chief, Environmental Permits Divi MS Department of Environmental P.O. Box 2261 Jackson, MS 39225		f Pollution Control -