



MDEQ

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 3 2 8 (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: OWN	ER OPERATOR (PLEASE CHECK ONE OR BOTH)		
OWNER INFORMATION			
Owner Contact Name: Mr. Joe Murray			
Owner Company Name: Adams County M.	Position: County Administrate		
Owner Street (P.O. Box): 314 State Street			
Owner City: Natchez	04. MG		
Owner Phone Number: (601) 445-7934	Owner Email: jmurray@adamscountyms.gov		
OPERATOR INF	ORMATION (if different than owner)		
Operator Contact Name: Mr. John Rollins	Position: Mgr Business Dev		
Operator Company Name: Delta Energy Na	tchez, LLC.		
Operator Street (P.O. Box): 61A Charthage I			
Operator City: Natchez	G 140		
Operator Phone Number: (979) 277-8760	State: MS Zip: 39120 Operator Email: jrollins@deltaenergy.com		

FACILITY INFORMATION

Facility Name: Delta Energy Natchez, LLC.	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC SIC Code: 2 8 6 9 Industrial Organic Chemicals, Not Elsewhere Class	and description):
Receiving Stream: Saint Catherine's Creek	
Is receiving stream on MDEQ's 303(d) List? Has a TMDL been established for the receiving stream segment? Physical Site Address:	✓ Yes ☐ No
Street: 61A Carthage Point Road City: Natchez	
County: Adams Zip: 3	39121
Latitude: 31 degrees 30 minutes 53 seconds Longitude: 91 degrees 25	
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 multipperformed, provide a summary for each parameter, including sampling dates and the maximum values.	le sampling has been e minimum, average and
s 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.	d amounts? Yes No

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

ABGELATIONS/REQ		IVIS
ls this notice for a facility that will require other permits?	∀ Yes	□No
		_
If yes, check which one(s): Air, Hazardous Waste, PIndividual NPDES, or list Other(s):	retreatmen	t, Water State Operating,
How will sanitary sewage be collected and treated? Sewage is	discharged	into existing collection system.
Indicate any local storm water ordinance with which the facility approval.	y must com	ply and submit any documentation o
None.		
Is treatment of storm water provided at any outfall?		
	Yes	☑ No
If yes, please describe:		
cordance with a system designed to assure that qualified personnel projection. Based on my inquiry of the person or persons who manage the their information, the information submitted is to the best of my aware that there are significant penalties for submitting false informations. The control of the person or persons who manage the person or persons who manage the person or persons who manage the person of the person	e system, or t	hose persons directly responsible for
www value		9-7-17
nature' (b) ust be signed by operator when different than owner)	Da	te Signed
n Rollins	N.A.	or During D
ted Name	Tit	gr Business Dev
sapplication shall be signed according to the General Permit, ACT 14, For a corporation, by a responsible corporate officer.		
For a sole proprietorship, by the proprietor.		
For a municipal, state or other public facility, by principal executive of	fficer, the me	IVOF OF months and a second
	, the ma	, or ranking elected official.
MS Department of Environmental Quality P.O. Box 2261	y, Office of P	ollution Control

Jackson, MS 39225