GNP20180001

THE APPLICANT IS:



RECEIVED

JUL 24 2018

Dept. of Environmental Quality

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2352

(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)

✓ OWNER ✓ OPERATOR (PLEASE CHECK ONE OR BOTH)

| OWNE | RINFORMATION | |
|--|-------------------------|--------------------------|
| Owner Contact Name: Helga Martinez | Po | sition: EHS Compliance S |
| Owner Company Name: Parker Hannifin Corpo | oration | |
| Owner Street (P.O. Box): 805 West Street | State: M | Zip: 38635 |
| Owner City: Holly Springs Owner Phone Number: (662) 274-2114 | Owner Email: HLMartinez | Parker.com |

OPERATOR INFORMATION (if different than owner) Operator Contact Name: same as above Position: _____ Operator Company Name: Operator Street (P.O. Box):

Operator City: _____State: ____Zip: ____ Operator Phone Number: (____) Operator Email: _____

FACILITY INFORMATION

| Facility Name: Parker Hannifin EMOE | |
|---|---|
| Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and of SIC Code: 3 7 1 4 Motor Vehicle Parts and Assessories | description): |
| Receiving Stream: Coldwater River | |
| 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: 805 West Street City: Holly Springs | |
| County: Marshall Zip: 3863 | 35 |
| Latitude: 34 degrees 47 minutes 31 seconds Longitude: 89 degrees 26 | minutes 24 seconds |
| Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of Plant | nt Entrance |
| Attach a copy of any existing laboratory data for each storm water outfall. If multiple s performed, provide a summary for each parameter, including sampling dates and the maximum values. | ampling has been inimum, average and |
| Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold as If yes, please attach a list of water priority chemicals present at the facility. | mounts? Yes No |

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

| Is this motion f | | | |
|--|--|--|--|
| is this notice for a fa- | cility that will require other permits: | ? Yes | [7] NI |
| | | | ✓ No |
| Individual NPDE | ne(s): Air, Hazardous Waste, or list Other(s): | Pretreatme | nt DWate-St |
| | s, or list Other(s): | | water state Operating, |
| How will sanitary sew | age be collected and treated? Alrea | dy connected & | trooted by C's covers |
| | | | |
| approval. | m water ordinance with which the fa | acility must con | aply and submit any documentation |
| City of Holly Springs | Sewer Use Ordinance - already in | effect | |
| s treatment of storm v | vater provided at any outfall? | | |
| | | ☐ Yes | ☑ No |
| If yes, please describ | De: | | |
| | | | |
| B- no neum | ent of storm water is conducted, the | ere is a detention | on pond upstream of Outfall 001 |
| | | | |
| ering the information the | CERTIFICA w that this document and all attachment signed to assure that qualified personne uiry of the person or persons who mana ne information submitted is to the | s were prepared I properly gather ge the system, or | those persons directly responsible |
| dering the information, the aware that there are sign risonment for knowing value (Must be signed by | sy éloné él. ? | s were prepared I properly gather ge the system, or | those persons directly responsible |
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