



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 4 4 2 1

(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: OWNER OPERATOR (PLI	EASE CHECK ONE OR BOTH)			
OWNER INFORMATION				
Owner Contact Name: Chris Seward	Position: Developer			
Owner Company Name: Hillwood Investment Properties				
Owner Street (P.O. Box): 6410 Popular Avenue, Suite 385				
Owner City: Memphis State	e: <u>TN</u> Zip : <u>38119</u>			
Owner Phone Number: (901) 682-4920 Owner Email: chris.seward@hillwood.com				
OPERATOR INFORMATION (if different t	han owner)			
Operator Contact Name: Kevin Winston	Position: Global Fld Env Ldr			
Operator Company Name: Amazon.com Services LLC				
Operator Street (P.O. Box): P.O. Box 80842, Attn: N. Waid				
Operator City: Seattle State: WA	Zip: 98108			
Operator Phone Number: (925) 577-5326 Operator Email: winskeyi@amazon.com				



AUG 17 2020

FACILITY INFORMATION

Facility Name: Amazon.com Services LLC - MEM6				
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 4 2 2 5 General Warehousing and Storage				
Receiving Stream: unnamed tributary to Camp 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: 11505 Progress Way City: Olive Branch				
County: Desoto Zip: 38654	Zip: 38654			
Latitude: 35 degrees 57 minutes 07 seconds Longitude: 89 degrees 47 m	inutes <u>02</u> seconds			
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 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 INO 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?	✓ Yes	□ No
If yes, check which one(s):	: ☐ Air, ☑ Hazardous Waste, list Other(s):	Pretreatment	, □ Water State Operating,
How will sanitary sewage	be collected and treated? Deso	to County sewer	
Indicate any local storm wapproval.	vater ordinance with which the i	facility must comp	ply and submit any documentation of
N/A			
Is treatment of storm water	er provided at any outfall?	✓ Yes	□No
If yes, please describe:	stormwater settles in a detention	on basin prior to	off-site discharge
accordance with a system design submitted. Based on my inquigathering the information, the	gned to assure that qualified person ry of the person or persons who ma information submitted is to the bes icant penalties for submitting false	ents were prepared anel properly gathe anage the system, or at of my knowledge	r those persons directly responsible for and belief, true, accurate and complete. I
Kevi Winston			0/14/00
	operator when different than owner	er)	8/14/20 Date Signed
Kevin Winston Printed Name ¹		_	Global Field Environmental Leader Title
 For a corporation, by a re For a partnership, by a g For a sole proprietorship 	, by the proprietor.		ollows: e mayor, or ranking elected official.
After signing please mail to:	Chief, Environmental Permits I MS Department of Environment P.O. Box 2261 Jackson, MS 39225		of Pollution Control

Revised: 11/10/15