

12544
2050001



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 1725
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 60 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

INSTRUCTIONS

APPLICANT MUST BE THE OWNER OR OPERATOR (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). THE OWNER OR OPERATOR THAT RECEIVES COVERAGE IS RESPONSIBLE FOR PERMIT COMPLIANCE.

SUBMITTALS WITH THIS BNOI MUST INCLUDE A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) WITH THE MINIMUM COMPONENTS FOUND IN PART III.C. 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 ONE-HALF OF A 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 INFORMATION REQUESTS MUST BE ANSWERED (Answer "N/A" if not applicable)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Bart Wynn, Plant Manager
OWNER COMPANY NAME: Mueller Copper Fittings, Inc.
OWNER STREET (P.O. BOX): 1033 Spring Street Extended
OWNER CITY: Fulton STATE: MS ZIP: 38843
OWNER PHONE NUMBER (INCLUDE AREA CODE): 662-862-1704

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Bart Wynn Plant Manager
OPERATOR COMPANY: Mueller Copper Fittings, Inc
OPERATOR STREET (P.O. BOX): PO Box 457 1033 Spring Street Extended
OPERATOR CITY: Fulton STATE: MS ZIP: 38843
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): 662-862-1704

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

IS THIS NOTICE FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS? (Yes XXX No _____). If yes, circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, other(s):

MSP091145

HOW WILL SANITARY SEWAGE BE DISPOSED? _____

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE FACILITY MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL.

IS TREATMENT OF STORM WATER PROVIDED AT ANY OUTFALL? IF SO, DESCRIBE: _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Bart Wynn
Signature¹ (Must be signed by operator when different than owner)

10/14/05
Date Signed

BART WYNN
Printed Name¹

PLANT MANAGER
Title

¹This application shall be signed according to the General Permit, Part V.E., as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.