

AI #8997  
GTP20180001



**RECEIVED**  
OCT 16 2018  
BY: \_\_\_\_\_

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2360**  
(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** (PLEASE CHECK ONE OR BOTH)

**OWNER INFORMATION**

Owner Contact Name: Bill McLain Position: Environmental Dept.  
Owner Company Name: Ashley Furniture Industries, Inc.  
Owner Street (P.O. Box): One Ashley Way  
Owner City: Arcadia State: WI Zip: 54612  
Owner Phone Number: (608) 323-6175 Owner Email: BMcLain@Ashleyfurniture.com

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: NA Position: \_\_\_\_\_  
Operator Company Name: \_\_\_\_\_  
Operator Street (P.O. Box): \_\_\_\_\_  
Operator City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Operator Phone Number: (\_\_\_\_) \_\_\_\_\_ Operator Email: \_\_\_\_\_

## FACILITY INFORMATION

Facility Name: Ashley Furniture Industries, Inc. Ecu

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 5 1 2 upholstered furniture

Receiving Stream: John 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: 447 Highway,346 West City: Ecu

County: Pontotoc Zip: 38841

Latitude: 34 degrees 20 minutes 41 seconds Longitude: 89 degrees 01 minutes 28 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  No  
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,     Pretreatment,     Water State Operating,  
 Individual NPDES, or list Other(s):

TIER II

How will sanitary sewage be collected and treated? Ecru POTW

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

NA

Is treatment of storm water provided at any outfall?       Yes       No

If yes, please describe: Grass swales

**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.

  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

10/9/18  
Date Signed

Michael Moran  
Printed Name<sup>1</sup>

Director of Plant Engineering  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, T-9, 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.

After signing please mail to:      Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225



RECEIVED

OCT 16 2018

Dept. of Environmental Quality

Date: October 10, 2018

STATE OF MISSISSIPPI:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, MS 39225

Subject:

BASELINE NOTICE OF INTENT (BNOI)

Location:

Ashley Furniture Industries, Inc. (AFI)

447 HWY 346 WEST

Ecrú, Mississippi

No Exposure Certification – Permit No. 8997

Hi

The Ecrú facility receiving a Notice of Violation (NOV) pertaining to AFI's No Exposure Storm Water Certification. After talking with M. Bailey, AFI determined that Ecrú facility does not satisfy the conditions of a No Exposure facility.

Attach you will find the BNOI and Storm Water Pollution Prevention Plan (SWPPP).

If you have any question please contact me at (608) 323-6175.

A handwritten signature in blue ink that reads "Bill McLain".

Bill McLain | Corporate Environmental Manager

Ashley Furniture Industries, Inc.

One Ashley Way | Arcadia, WI 54612

p 608.323-6175 ext. 6175 | c 715-829-8608 | [BMcLain@Ashleyfurniture.com](mailto:BMcLain@Ashleyfurniture.com)