

AI # 77702  
GP 2020001



**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2419**  
(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: _____	Position: _____
Owner Company Name: <u>View, Inc.</u>	_____
Owner Street (P.O. Box): <u>195 S. Milpitas Blvd.</u>	_____
Owner City: <u>Milpitas</u>	State: <u>CA</u> Zip: <u>95035</u>
Owner Phone Number: <u>(408) 263-9200</u>	Owner Email: _____

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

Operator Contact Name: <u>John Knopf</u>	Position: <u>Sr. EHS Manager</u>
Operator Company Name: <u>View</u>	_____
Operator Street (P.O. Box): <u>12380 Kirk Road</u>	_____
Operator City: <u>Olive Branch</u>	State: <u>MS</u> Zip: <u>38654</u>
Operator Phone Number: <u>(662) 408-3519</u>	Operator Email: <u>john.knopf@view.com</u>

A handwritten signature in red ink, appearing to be "JK".

## FACILITY INFORMATION

Facility Name: View

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

SIC Code: 3 6 7 4 Electronic and Other Electrical Equipment and Components, Except Comput

Receiving Stream: Un-named Tributary to Nonconnah Creek (TN)

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: 12380 Kirk Road City: Olive Branch

County: DeSoto County Zip: 38654

Latitude: 34 degrees 57 minutes 42 seconds Longitude: -89 degrees 49 minutes 46 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS-Coordinates.org

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):

The facility has a RCRA ID number. A permit application is being submitted for Industrial Discharge Permit.

How will sanitary sewage be collected and treated? Municipal - City of Olive Branch

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

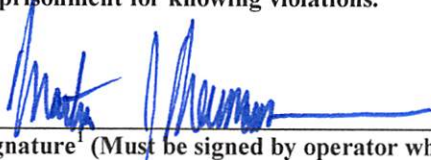
None that we are aware of.

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

If yes, please 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.

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

6/11/20  
\_\_\_\_\_  
Date Signed

Martin Neumann  
\_\_\_\_\_  
Printed Name<sup>1</sup>

Sr. VP, Operations  
\_\_\_\_\_  
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