

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2399 (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 ISNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5-8 of the Industrial Stormwater 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: Cole Flint	President Board of Supervisors Position:		
Owner Company Name: Panola County			
Owner Street (P.O. Box): 151 Public Squa	are		
Owner City: Batesville	State: MS Zip: 38606		
Owner Phone Number: (662-563-6200	Owner Email: bcflint@gmail.com		
OPERATOR INFORMATION (if different than owner)			
Operator Contact Name: Jared Rabren	Position: Airport Manager		
Operator Company Name: Panola County	Airport		
Operator Street (P.O. Box): 2 Airport Rd.			
	State: MS Zip: 38606		
Operator Phone Number: 662-546-0502	Operator Email: info@rabrenaviation.com		

FACILITY INFORMATION

Facility Name: Panola County Airport			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 4581			
Receiving Stream: Hotopha 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: 2 Airport Road City: Batesville			
County: Panola zip: 3860			
Latitude: 34 degrees 21 minutes 40.66 seconds Longitude: 89 degrees 53 min	27.26 nutes seconds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):			
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?	■ No
If yes, check which one(s): Air, Hazardous Waste, Pretreatme	ent, Water State Operating,
N/A	
How will sanitary sewage be collected and treated? Municipal Was	stewater
Indicate any local storm water ordinance with which the facility must coapproval. N/A	mply and submit any documentation of
Is treatment of storm water provided at any outfall? If yes, please describe:	■ No
CERTIFICATION I certify under penalty of law that this document and all attachments were preparaccordance with a system designed to assure that qualified personnel properly gas submitted. Based on my inquiry of the person or persons who manage the system gathering the information, the information submitted is to the best of my knowled am aware that there are significant penalties for submitting false information, incimprisonment for knowing violations.	thered and evaluated the information , or those persons directly responsible for lge and belief, true, accurate and complete. I
Signature (Must be signed by operator when different than owner)	4/15/27 Date Signed
Jared Rabren Printed Name!	Airport Manager

¹This application shall be signed according to the General Permit, ACT 16, 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

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, Pretre Individual NPDES, or list Other(s):	eatment,
N/A	
How will sanitary sewage be collected and treated? Municipal	Wastewater
Indicate any local storm water ordinance with which the facility mu approval. N/A	ust comply and submit any documentation of
Is treatment of storm water provided at any outfall?	Yes No
If yes, please describe:	
CERTIFICATION	1
certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the sygathering the information, the information submitted is to the best of my known amage that there are significant penalties for submitting false information imprisonment for knowing violations.	rly gathered and evaluated the information ystem, or those persons directly responsible for owledge and belief, true, accurate and complete. I
	111-
Signature (Must be signed by operator when different than owner)	Date Signed
Jared Rabren	Airport Manager
Printed Name ¹	Title

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