A1. 85139

THE ADDITION TO



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 25 15

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)

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OWNED

THE ATTEICANT IS. OWNER OF ERATOR (TEE	ASE CHECK ONE OR BOTH)
OWNER INFORMATION	
Owner Contact Name: Peyton Cummings	Position: Chancery Clerk
Owner Company Name: Tishomingo Industrial Park	
Owner Street (P.O. Box): 1001 Battleground Drive	
	MS _{Zip:} 38852
	ings@tishomingo.ms.us
OPERATOR INFORMATION (if different the	nan owner)
Operator Contact Name: John Kain	Position: Director Site 1
Operator Company Name: Northrop Grumman Systems Co	rp.
Operator Street (P.O. Box): 751 County Road 989, Building	
Operator City: Iuka State: MS	
Operator Phone Number: (662) 423-7743 Operator Email: john.ka	

FACILITY INFORMATION

Facility Name: Northrop Grumman Systems Corp.		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 3 7 6 9 Guided Missile Space Vehicle Parts and Auxiliary Equipment, Not Elsewhere Classified		
Receiving Stream: Bullard Branch		
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: 751 County Road 989, Building 1016 City: Luka		
County: Tishomingo zip: 38		
Latitude: 34 degrees 57 minutes 17 seconds Longitude: 88 degrees 12	minutes 21 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 If yes, please attach a list of water priority chemicals present at the facility.	amounts? □Yes ■No	

DOCUMENTATION OF COMPLIANCE WITH OTHER DECLIL ATIONS/DECLIDEMENTS

REGULATIONS/REQUIREMENTS		
	_	
Is this notice for a facility that will require other permits?	☐ Yes	M No
If yes, check which one(s): Air, Hazardous Waste, Individual NPDES, or list Other(s):] Pretreatment,	Water State Operating,
NA		
N.A	ioinal Caw	or Cyctom
How will sanitary sewage be collected and treated? Mun	icipai sew	er System
Indicate any local storm water ordinance with which the fa approval.	cility must com	ply and submit any documentation of
NA		
Is treatment of storm water provided at any outfall?	□Yes	⋒ No
If yes, please describe: NA	—	
ii yes, piease describe:		
CERTIFICA	ATION	
I certify under penalty of law that this document and all attachment accordance with a system designed to assure that qualified persons submitted. Based on my inquiry of the person or persons who man gathering the information, the information submitted is to the best am aware that there are significant penalties for submitting false in imprisonment for knowing violations.	nel properly gathen nage the system, o of my knowledge	ered and evaluated the information or those persons directly responsible for e and belief, true, accurate and complete.
JARK.		9/27. (2623
Signature (Must be signed by operator when different than owner	•)	9/22/2423 Date Signed
JOHN RKAIN		SINE DIRECTOR
Printed Name ¹	-	Title
 ¹This application shall be signed according to the General Permit, For a corporation, by a responsible corporate officer. For a partnership, by a general partner. 	ACT 16, T-9, as f	follows:
- For a sale proprietorship, by the proprietor		

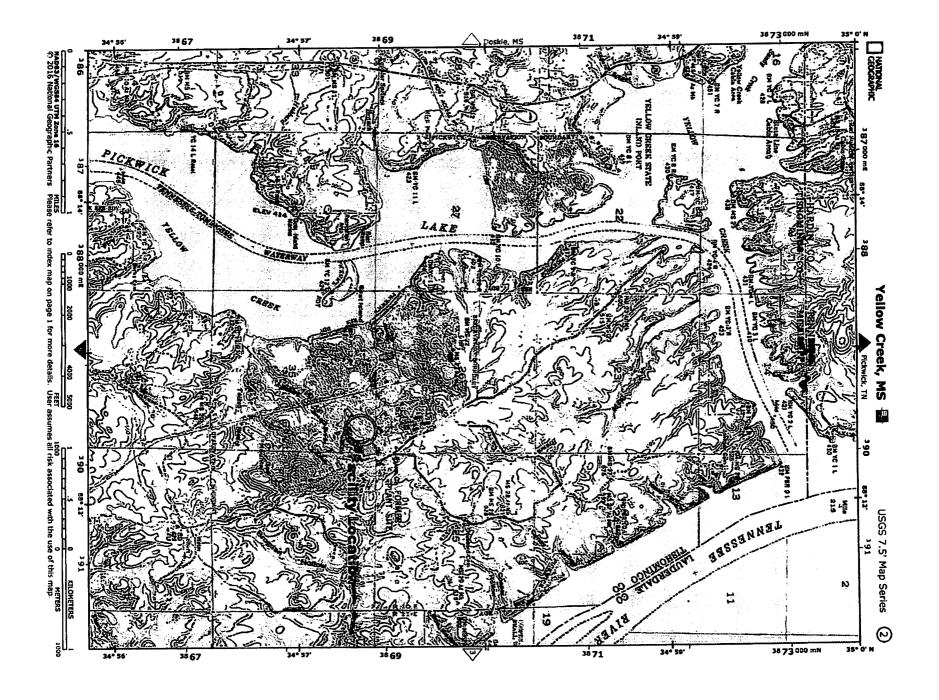
- For a sole proprietorship, by the proprietor.
 For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

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





September 26, 2023

MDEQ Environmental Permits Division P. O. Box 2261 Jackson, MS 39225-2261

Dear Sir,

Enclosed are two copies of the cover letter, Industrial Stormwater Notice of Intent (ISNOI) and the Storm Water Pollution Prevention Plan for Northrop Grumman Corp. located at 751 County Road 989 Building 1016 in the county of Tishomingo and city of luka, MS. Please contact me Greg Robinson if you have any questions.

Regards,

Greg Robinson EHS Engineer (662) 802-9371 gregory.robinson3@ngc.com

RECEIVED

SEP 29 2023

Dept. of Environmental Quality



September 26, 2023

MDEQ Environmental Permits Division P. O. Box 2261 Jackson, MS 39225-2261

Dear Sir,

Enclosed are two copies of the cover letter, Industrial Stormwater Notice of Intent (ISNOI) and the Storm Water Pollution Prevention Plan for Northrop Grumman Corp. located at 751 County Road 989 Building 1016 in the county of Tishomingo and city of luka, MS. Please contact me Greg Robinson if you have any questions.

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INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 ____

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

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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: Peyton Cumming	Position: Chancery Clerk		
Owner Company Name: Tishomingo Indu	ustrial Park		
Owner Street (P.O. Box): 1001 Battlegrou	and Drive		
Owner City: Iuka	State: MS Zip: 38852		
Owner Phone Number: (662 423 7010	Owner Email: pcummings@tishomingo.ms.us		
OPERATOR INFORMATION (if different than owner)			
Operator Contact Name: John Kain	Position: Director Site 1		
Operator Company Name: Northrop Grun			
Operator Street (P.O. Box): 751 County Road 989, Building 1016			
Operator City: luka	State: MS Zip: 38852		
Operator Phone Number: (662) 423-7743	Operator Email: john.kain@ngc.com		

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Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at thresho If yes, please attach a list of water priority chemicals present at the facility.	ld amounts? 🗌 Yes 🔳 No	

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatment, ☐ Water State Operating, ☐ Individual NPDES, or list Other(s):
NA
How will sanitary sewage be collected and treated? Municipal Sewer System
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?
If yes, please describe: NA
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.
Signature¹ (Must be signed by operator when different than owner) 9/22/2423 Date Signed
Printed Name ¹ SINE DIRECTOR Title
¹ This 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

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