

FACILITY INFORMATION

Facility Name: Parker Hannifin EMOE

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

SIC Code: 3 7 1 4 Motor Vehicle Parts and Assessories

Receiving Stream: Coldwater River

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: 805 West Street

City: Holly Springs

County: Marshall

Zip: 38635

Latitude: 34 degrees 47 minutes 31 seconds

Longitude: 89 degrees 26 minutes 24 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):

How will sanitary sewage be collected and treated? Already connected & treated by City of Holly Springs

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

City of Holly Springs Sewer Use Ordinance - already in effect

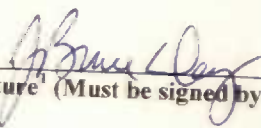
Is treatment of storm water provided at any outfall? Yes No

If yes, please describe: _____

Although no treatment of storm water is conducted, there is a detention pond upstream of Outfall 001.

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)

7/20/18
Date Signed

Bruce Day
Printed Name¹

General Manager
Title

¹This 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