

AI #12182
GnP 20180001



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2359
(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. Ripley

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

SIC Code: 2 5 1 1 Wood Household Furniture

Receiving Stream: Owl 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: 15900 Hwy 15 City: Ripley

County: Tippah Zip: 38841

Latitude: 34 degrees 45 minutes 37 seconds Longitude: -88 degrees 56 minutes 19.6 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of plant address

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? Ripley 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.


Signature¹ (Must be signed by operator when different than owner)

10/9/18
Date Signed

Michael Moran
Printed Name¹

Director of Plant Engineering
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



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)
15900 HWY 15 NORTH
RIPLEY, MS 38841
No Exposure Certification

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 RIPLEY 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