

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 453

(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)

▼ OWNER ▼ OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION			
Owner Contact Name:	Position: Public Works Director		
Owner Company Name: City of Batesville			
Owner Street (P.O. Box): P.O. Box 689			
Owner City: Batesville	State: MS Zip: 38606		

OPERATOR INFORMATION (if different than owner)

THE APPLICANT IS:

FACILITY INFORMATION

Facility Name:City of Batesville Class II Rubbish Site			
Nature of Business (Include 4-digit Standard Industrial Classification Code of SIC Code: 4 9 5 3 Refuse Systems	(SIC) and description):		
Receiving Stream: Yocona 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: Highway 35 South City: Ba	atesville		
County: Panola	Zip: 38606		
Latitude: 34 degrees 14 minutes 33.0 seconds Longitude: 90 degrees 0 minutes 9.29 seconds			
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): 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 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?	S □ No
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatm☐ Individual NPDES, or list Other(s):	nent,
Solid Waste	
How will sanitary sewage be collected and treated? Not Applicable	
Indicate any local storm water ordinance with which the facility must approval.	comply and submit any documentation of
None	
Is treatment of storm water provided at any outfall?	S No
If yes, please describe: Not Applicable	
CERTIFICATION	
I certify under penalty of law that this document and all attachments were prep accordance with a system designed to assure that qualified personnel properly g submitted. Based on my inquiry of the person or persons who manage the syste gathering the information, the information submitted is to the best of my knowleam aware that there are significant penalties for submitting false information, in imprisonment for knowing violations.	athered and evaluated the information m, or those persons directly responsible for edge and belief, true, accurate and complete. I
David Karr	12/28/2020
Signature ¹ (Must be signed by operator when different than owner)	Date Signed
David Karr	Public Works Director
Printed Name ¹	Title
 ¹This application shall be signed according to the General Permit, ACT 14, T-9, 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 office 	
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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