



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2432

(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: N/A	Position: N/A		
Owner Company Name: N/A			
Owner Street (P.O. Box): N/A			
Owner City: N/A	State: N/AN/A		
Owner Phone Number: (N/A			
OPERATOR INFORMATION (if different than owner)			
Operator Contact Name: Holger Wagner	Position: President/CE		
Operator Company Name: Feuer Powertrain North America, Inc.			
Operator Street (P.O. Box): 2130 Casino Center Drive Extended			
	State: MS Zip: 38671		
Operator Phone Number: (662) 367-6085	Operator Email: holger-wagner@feuer.usa.com		

FACILITY INFORMATION

Facility Name: Feuer Powertrain North America, Inc.			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 3714 Manufacturing crankshaft assemblies			
Receiving Stream: Buck Island Bayou			
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: 2130 Casino Center Drive Extended City: Robinsonville			
County: Tunica zip: 38664	Zip: 38664		
Latitude: 34 degrees 49 minutes 44 seconds Longitude: -9(degrees 16 minu	tes 17 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 Mon 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, Pretr Individual NPDES, or list Other(s):	reatment, Water State Operating,
How will sanitary sewage be collected and treated? Tunica Co	ounty Utility District
Indicate any local storm water ordinance with which the facility mapproval.	ust comply and submit any documentation of
None	
Is treatment of storm water provided at any outfall? If yes, please describe: N/A]Yes No
CERTIFICATIO	N
I certify under penalty of law that this document and all attachments were accordance with a system designed to assure that qualified personnel proposubmitted. Based on my inquiry of the person or persons who manage the gathering the information, the information submitted is to the best of my k am aware that there are significant penalties for submitting false information imprisonment for knowing violations.	erly gathered and evaluated the information system, or those persons directly responsible for nowledge and belief, true, accurate and complete. I
All y	M. N. 2022
Signature (Must be signed by operator when different than owner)	Date Signed
Holger Wagner	President/CEO
Printed Name ¹	Title

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