

Coverage #:
MSR002517

AI : 2041



Rec'd via email:
10/17/2023

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER
GENERAL NPDES PERMIT MSR00 - 2517
(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: David Huggins Position: Manager
Owner Company Name: Coahoma County Board of Supervisors
Owner Street (P.O. Box): PO Box 700
Owner City: Clarksdale State: MS Zip: 38614
Owner Phone Number: (662) 627-4126 Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____
Operator Company Name: _____
Operator Street (P.O. Box): _____
Operator City: _____ State: _____ Zip: _____
Operator Phone Number: (____) _____ Operator Email: _____

O.C

FACILITY INFORMATION

Facility Name: Fletcher Field

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

SIC Code: 4 5 8 1 General Aviation Airport

Receiving Stream: Black Lake 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: 55 Airport Road

City: Clarksdale

County: Coahoma

Zip: 38614

Latitude: 34 degrees 17 minutes 25 seconds

Longitude: 90 degrees 30 minutes 55 seconds

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

FAA Certified Coordinates (ADIP)

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? Collected and treated by City of Lyon POTW

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

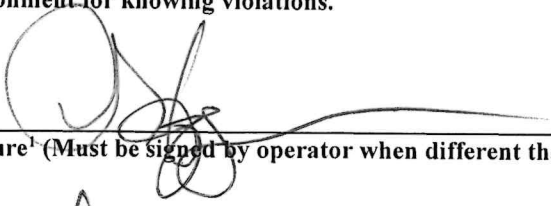
NA

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

If yes, please describe: _____

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)

10-17-23
Date Signed

David Higgins
Printed Name¹

Baro Prasitani T
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