

AE #898  
Gnp2010001



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JAN 28 2011

MDEQ

**MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY (MDEQ)  
BASELINE NOTICE OF INTENT (BNOI)**

**FOR COVERAGE UNDER BASELINE STORM WATER  
GENERAL NPDES PERMIT MSR00 2010**  
(NUMBER TO BE ASSIGNED BY STATE)

**INSTRUCTIONS**

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 INFORMATION REQUESTS MUST BE ANSWERED** (answer "NA" if not applicable)

**THE APPLICANT IS ☒ OWNER ☐ OPERATOR (PLEASE CHECK ONE OR BOTH)**

**OWNER INFORMATION**

Owner Contact Name: Alton Newton Position: Special Projects Eng  
Owner Company Name: Johnston Tombigbee Furniture Company  
Owner Street (P.O. Box): P. O. Box 2128  
Owner City: Columbus State: MS Zip: 39704  
Owner Phone Number (Include Area Code): (662) 328-1685 ext. 251

**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 (Include Area Code): \_\_\_\_\_

## FACILITY INFORMATION

Facility Name: Johnston Tombigbee Furniture Company, Columbus Plant #2

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

SIC Code: 2 5 1 1 Wood household furniture, except upholstered

Receiving Stream: Luxapallila Creek

Physical Site Address (if not available indicate the nearest named road):

Street: 1503 Johnston Street

City: Columbus

County: Lowndes

Zip: 39701

Latitude: 33 degrees 30 minutes 56 seconds

Longitude: 88 degrees 23 minutes 56 seconds

Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): GPS Plant Entrance

Indicate Any Association or Generic SWPPP: \_\_\_\_\_

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.

methyl isobutyl ketone

## DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? ☒ Yes ☐ No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

Title V permit has been issued; EPA ID number has been obtained

How will sanitary sewage be collected and treated? Discharge to City of Columbus sanitary sewer

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

None

Is treatment of storm water provided at any outfall? If so, please describe:

None

## 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.

  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

1-28-11  
Date Signed

Jerryld Reau Berry

President

Printed Name<sup>1</sup>

Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 13, T-4, 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:

Environmental Permits Division, Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225

Revised: April 24, 2008