



**Division of Surface Water**  
**No Exposure Certification for Exclusion**  
**from Ohio EPA NPDES Storm Water Permitting**

Submission of this No Exposure Certification constitutes notice that the entity identified in Section A does not require permit authorization for its storm water discharges associated with industrial activity in the State of Ohio under Ohio EPA's Industrial Storm Water General Permit due to the existence of a condition of no exposure.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snow-melt, and/or run-off. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- Drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- Adequately maintained vehicles used in material handling; and
- Final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the no exposure. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity in Section A is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of Ohio Administrative Code (OAC) 3745-39-04(G).

**I. Applicant Information/Mailing Address**

**Company (Applicant) Name:** GXO Logistics Inc.

**Mailing (Applicant) Address:** 9565 Logistics Court

|                       |                   |                        |
|-----------------------|-------------------|------------------------|
| <b>City:</b> Columbus | <b>State :</b> OH | <b>Zip Code:</b> 43217 |
|-----------------------|-------------------|------------------------|

**Country:** USA

|  |                              |             |
|--|------------------------------|-------------|
| <b>Contact Person:</b> Robert Murgatroyd | <b>Phone:</b> (614) 940-8470 | <b>Fax:</b> |
|--|------------------------------|-------------|

**Contact E-mail Address:** robert.murgatroyd@gxo.com

**II. Facility/Site Location Information**

**Facility/Site Name:** MWDC

**Facility Address:** 9565 Logistics Ct

|                       |                  |                        |
|-----------------------|------------------|------------------------|
| <b>City:</b> Columbus | <b>State:</b> OH | <b>Zip Code:</b> 43217 |
|-----------------------|------------------|------------------------|

|                |                  |
|----------------|------------------|
| <b>County:</b> | <b>Township:</b> |
|----------------|------------------|

|                                 |               |             |
|---------------------------------|---------------|-------------|
| <b>Facility Contact Person:</b> | <b>Phone:</b> | <b>Fax:</b> |
|---------------------------------|---------------|-------------|

**Facility Contact E-mail Address:**

|                     |                      |                                       |
|---------------------|----------------------|---------------------------------------|
| <b>Latitude:</b> NA | <b>Longitude:</b> NA | <b>Facility/Map Attachment</b> <none> |
|---------------------|----------------------|---------------------------------------|

**Receiving Stream or MS4:**

**III. General Permit Information**

|   |                               |
|---|-------------------------------|
| <b>General Permit Number:</b> NO_EXPOSURE | <b>Coverage Type:</b> Renewal |
|---|-------------------------------|

|  |                     |
|--|---------------------|
| <b>Type of Activity:</b> No Exposure Certification For Stormwater Permitting | <b>SIC Code(s):</b> |
|--|---------------------|

|  |   |
|--|---|
| <b>Existing NPDES Facility Permit Number:</b> 4GRN00856*BG | <b>ODNR Coal Mining Application Number:</b> |
|--|---|

|   |                               |   |
|---|-------------------------------|---|
| <b>If Household Sewage Treatment System, is system for:</b> | <b>New Home Construction:</b> | <b>Replacement of failed existing system:</b> |
|---|-------------------------------|---|

| Outfall | Design Flow (MGD): | Associated Permit Effluent Table: | Receiving Water : | Latitude | Longitude |
|---------|--------------------|-----------------------------------|-------------------|----------|-----------|
|         |                    |                                   |                   |          |           |
|         |                    |                                   |                   |          |           |
|         |                    |                                   |                   |          |           |
|         |                    |                                   |                   |          |           |

|                                    |             |  |
|------------------------------------|-------------|--|
| <b>Are These Permits Required?</b> | <b>PTI:</b> | <b>Individual 401 Water Quality Certification:</b> |
|------------------------------------|-------------|--|

|   |                              |  |
|---|------------------------------|--|
| <b>Individual NPDES:</b>  | <b>Isolated Wetland:</b>     | <b>U.S. Army Corp Nationwide Permit:</b>               |
| <b>Proposed Project Start Date(if applicable):</b> N/A  |                              | <b>Estimated Completion Date(if applicable):</b> N/A   |
| <b>Total Land Disturbance (Acres):</b>  |                              | <b>MS4 Drainage Area (Sq. Miles):</b>                  |
| <b>SWP3 Attachment(s):</b> <None>   |                              |  |
| <b>IV. Payment Information</b>  |                              |  |
| <b>Check #:</b>   | <b>For Ohio EPA Use Only</b> |  |
| <b>Check Amount:</b>  | <b>Check ID(OFA):</b> _____  | <b>ORG #:</b> _____                                    |
| <b>Date of Check:</b>   | <b>Rev ID:</b> _____         | <b>DOC #:</b> _____                                    |
| <p><i>I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of No Exposure and obtaining an exclusion from Ohio NPDES storm water permitting. I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or material storm the industrial facility or site identified in this document (except as allowed under OAC 3745-39-04(G)(2)).</i></p> <p><i>I understand that I am obligated to submit a no exposure certification form once every five years to the Ohio EPA Director and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the Ohio EPA Director, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under Ohio NPDES permit prior to any point source discharge of storm water from the facility.</i></p> <p><i>Additionally, 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 gather and evaluated the information submitted. based on my inquiry of the person or persons who manage the system, or those persons directly involved in 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 submitted false information, including the possibility of fin and imprisonment for knowing violations.</i></p> |                              |  |
| <b>Applicant Name:</b> Robert Murgatroyd  |                              | <b>Title:</b> Operations Manager II                    |
| <b>Signature:</b><br>Electronically submitted by 72977958   |                              | <b>Date:</b><br>Electronically submitted on 07/20/2022 |
| <b>ADDITIONAL INFORMATION</b>   |                              |  |
| <i>Please add any additional comments or attachments below.</i>   |                              |  |
|   |                              |  |