

AI# 65762

Recovery

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITYRECEIVED  
JUN 17 2016  
Dept. of Environmental Quality

Tracy

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2186**  
(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)

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

**OWNER INFORMATION**

Owner Contact Name: Jim m Hill Position: owner  
Owner Company Name: Circle H Farms, LLC  
Owner Street (P.O. Box): 2484 Ballground Rd  
Owner City: Vicksburg State: ms Zip: 39183  
Owner Phone Number: (601) 638-8586 Owner Email: Circlehfarmsllc@hotmail

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Shane Kemp Position: Operations  
Operator Company Name: Circle H Farms, LLC  
Operator Street (P.O. Box): 2484 Ballground Rd.  
Operator City: Vicksburg State: ms Zip: 39183  
Operator Phone Number: 601638-8586 Operator Email: \_\_\_\_\_

## FACILITY INFORMATION

Facility Name: Circle H Farms, LLC

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

SIC Code: \_\_\_\_\_

Receiving Stream: Rice by Products

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: 2484 Ballground Rd City: Vicksburg

County: Warren Zip: 39183

Latitude: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

Longitude: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ 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 ☐ 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? Septic tank

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

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.

[Signature]  
Signature (Must be signed by operator when different than owner)

6-16-16  
Date Signed

Jim M Hill  
Printed Name<sup>1</sup>

owner  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, 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





**State of Mississippi  
Mississippi Department of Environmental Quality  
Office of Pollution Control**



**BASELINE STORM WATER GENERAL PERMIT  
FOR INDUSTRIAL ACTIVITIES**

**THIS CERTIFIES THAT**

FACILITIES OR PROJECTS ISSUED A CERTIFICATE OF PERMIT COVERAGE UNDER THIS PERMIT ARE GRANTED PERMISSION TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES INTO STATE WATERS IN ACCORDANCE WITH THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

in accordance with effluent limitations, inspection requirements and other conditions set forth in herein. This permit is issued in accordance with the provisions of the Mississippi Air and Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

**Mississippi Environmental Quality Permit Board**

  
\_\_\_\_\_  
Authorized Signature

Mississippi Department of Environmental Quality

Issued: November 17, 2015  
Expires: October 31, 2020

Permit No. MSR00