AI#73557 Gnp20180001



## MINING NOTICE OF INTENT (MNOI) FOR COVERAGE UNDER MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32 Q 7 2 7

(Number to be assigned by State)

File at least 30 days prior to the commencement of mining; 15 days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file and mine dewatering is not proposed. Lateral expansion of an existing mine that has general permit coverage requires the submittal of the Major Modification Form, not a new MNOI. However, modification of the existing SWPPP to include the expansion is required. Discharge of storm water or impounded water associated with mining or the operation of a wastewater recirculation system with no discharge without written notification of coverage from MDEQ is a violation of State Law.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal

registration or Certificate of Good Standing must be dated with a of this coverage form. Coverage will be issued in the company name	ne as it is registered with the Mississippi
of this coverage form. Coverage will be issued in the company many	
Secretary of State.	
Please indicate the activities to be covered by this MNOI (check all	that apply).
Storm Water Discharges Associated with Mining	Mine Dewatering
Wastewater Recirculation System with No Discharge	
The appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed if the appropriate section of the MNOI must be completed in the appropriate section of the MNOI must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the must be completed in the appropriate section of the appropri	plicant proposes to discharge storm water, eastewater recirculation system with no
A site-specific Storm Water Pollution Prevention Plan (SWPPP) of General Permit and a United States Geological Survey (USGS) que location and outfalls must be included with the MNOI submittal. shown on all copies. Quadrangle maps can be obtained from the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional submittals may include the following (check all that approximately shown on the MAD Additional shown on the MAD Addi	The name of the quadrangle map must be MDEQ, Office of Geology at 601-961-5523. oply).
Section 404 Documentation	Notice of Exempt Operations Form
Dam/Reservoir Safety Permit or Written Authorization	
ALL INFORMATION MUST BE COMPLETED (	indicate "N/A" where not applicable)

RECEIVED

MAY 2 1 REC'D



Dept. of Environmental Quality

## MSR32 2 1 2 1

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE	: OWNER SOPERATOR
	OWNER CONTACT INFORMATION
CONTACT DEL	RSON: DOROTHY ANN NORMAN CARLISLE
OWNER CONTACT FE	GAL NAME: BETTY ANN MARIE BOYD NORMAN
OWNER COMPANY LE	O. BOX: 138 CAMBEN TRAIL
OWNER STREET OR P.	0150N STATE: MS ZIP: 39/10
OWNER CITY: MAL	NOTO STATE MALL OCARLISLE 2
OWNER PHONE #: (6	01) 951-1261 OWNER EMAIL: OCARLISLE 2
	OPERATOR CONTACT INFORMATION
OPERATOR CONTACT	PERSON: BURBA QUIN
OPERATOR COMPAN	Y LEGAL NAME: QUIN FARMS LLC
TOD STREET (	DRP O BOX: PO BOX 301
	STATE: MS ZIP: 37600
OPERATOR PHONE #:	(601) 248-4049 OPERATOR EMAIL: FEEDSEED LLC 26 MAIL, COM,
	MINE INFORMATION
MINE NAME: NON	€MAN .
MINE SITE ADDRESS	(If the physical address is not available, please indicate nearest named road.)
City: SUMMIT	County: PIKE Zip: 39666  State: MS County: PIKE Zip: 39666
/4 OF	/4 OF SECTION 37 , TOWNSHIP 4 N , RANGE 8 E
MINE SITE TRIBAL I	AND ID (N/A If not applicable):
ATTACH A USGS QU. (Maps can be obtained)	AD MAP, EXTENDING ½ MILE BEYOND FACILITY, OCTOBER 18 and From the Mississippi Office of Geology. For information call 601-961-5523).
LATITUDE: 3/ degr	rees R minutes 15 seconds LONGITUDE: 90 degrees 38 minutes 84 seconds
LAT & LONG DATA	SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation):
TOTAL ACREAGE: _	
	DREDGING BE USED? YES NO
WASHING OF SAND	The MINO

TIMATED START DATE: ALL IT -UD -U	ESTIMATI	ED END DA	TE: <u>3022</u>	-06-20
C CODE 1442	NAICS CO	DE 21	2321	
	REAM INFORMAT	ION		
NEAREST NAMED RECEIVING STREAM: 6064				
S RECEIVING STREAM ON MISSISSIPPI'S 303(D) LIBODIES? (The 303(d) list of impaired waters and TMDL http://www.deq.state.ms.us/MDEQ.nsf/page/TW	ST OF IMPAIRED WAT	ER found of MD	YES DEQ's website Section)	
HAS A TMDL BEEN ESTABLISED FOR THE RECEIV	ING STREAM SEGMEN	T?	YES	⊠N0
COMPLETE IF STORM W	ATER DISCHARGE	IS PROP	OSED	
IDENTIFY THE ASSOCIATION OR GENERIC SWPPI				
	TOWATED DECID	TH ATIO	N	
COMPLETE IF WAS SYSTEM WITH NO	TEWATER RECIRC DISCHARGE IS PR	CULATIO OPOSED	N	
COMPLETE IF WAS SYSTEM WITH NO DISTANCE BETWEEN RECIRCULATION POND(S) A (MUST BE AT LEAST 150 FEET)  NUMBER OF RECIRCULATION POND(S):  STORAGE CAPACITY OF EACH RECIRCULATION	DISCHARGE IS PRAND PROPERTY LINE:	OPOSED	N(FT)	(FT <sup>3</sup> )
SYSTEM WITH NO DISTANCE BETWEEN RECIRCULATION POND(S) A (MUST BE AT LEAST 150 FEET)  NUMBER OF RECIRCULATION POND(S):  STORAGE CAPACITY OF EACH RECIRCULATION  COMPLETE IF MINE	DISCHARGE IS PRAND PROPERTY LINE:  POND(S):   DEWATERING IS	M/t	_ (FT)	(FT³)
SYSTEM WITH NO DISTANCE BETWEEN RECIRCULATION POND(S) A (MUST BE AT LEAST 150 FEET)  NUMBER OF RECIRCULATION POND(S):  STORAGE CAPACITY OF EACH RECIRCULATION	DISCHARGE IS PRAND PROPERTY LINE:  POND(S):   DEWATERING IS	M/t	_ (FT)	(FT³)

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Coverage under this general permit will not be granted until all other required MDEQ permits and approvals are addressed.

Coverage united this game	THE WOOD CROSSING OF A WATER
WILL THE CONSTRUCTION OR OPERATION OF	THIS MINE INVOLVE THE RE-ROUTING, FILLING OR CROSSING OF A WATER
CONVEYANCE OF ANY KIND? YES NO	The mine requires a Corps of Engineers
If yes, contact the U.S. Army Corps of Engineers' Regu Section 404 permit, provide appropriate documentation	atory Branch for permitting requirements and with this MNOI that:
<ul> <li>The work will be covered by a nationwide or gene</li> </ul>	rai per une and roll
LIST ANY NPDES PERMIT NO(s). V/A	GEOLOGY APPLICATION/PERMIT NO.
LIST OTHER GEOLOGY PERMIT NUMBERS THA	TAPPLY TO COVERAGE AREA EXEMPT #57-028
LIST OTHER GEOLOGI. 1202	
	THAN 1228 FEET FROM ANOTHER MINE?
IS THE MINE LESS THAN 4 ACRES AND GREATE	R THAN 1520 FEET PROM AND
if previously submitted to the Office of	m must be included with the MNOI or proof of prior submission, Geology.
NO A "Notice of Intent to Mine Class I or General Permit. For information on O	Class II Materials" Form must be filed before coverage will be granted under the Mining ffice of Geology requirements, call 601-961-5515.
STORM WATER ORDINANCE	S WITH WHICH THE OPERATIONS MUST COMPLY AND SUBMIT ANY
LIST ANY LOCAL STORM WATER ORDINANCE	1/14
ASSOCIATED APPROVAL DOCUMENTATION.	W/II
IF IMPOUNDMENTS WILL BE CONSTRUCTED A	ABOVE NATURAL SURFACE ELEVATIONS, INDICATE
The impoundment will be constructed with a p	peripheral dam or levee 8 feet or greater in height, measured from the lowest elevation of its toe.
The impoundment will have a maximum stora	ge volume greater than 25 acre-feet.
The impoundment will have a manufacture	
The impoundment will impound a watercours	e with a continuous flow.
The impoundment has the potential to threate	n downstream lives or man-made structures.
If any of the impoundments meet any of the above cr	iteria, the applicant will be required to obtain written authorization from MDEQ, Dam Safety
Division before coverage will be granted under the N	mining denotal retirement of the control of the con
with a system designed to assure that qualified	nt and all attachments were prepared under my direction or supervision in accordance personnel properly gathered and evaluated the information submitted. Based on my those persons directly responsible for gathering the information, the
inquiry of the person or persons who manage	the system, of the accounts and complete. I am aware that there are significant
negatives for submitting false information, incl	uding the possibility of file and impression
0 11 11-	-hohola
Autola du	5/00/10/1
Authorized Signature <sup>1</sup>	Date
EUSBA QUIN	Date  OWNER   MANAGER
Printed Name	Title /
This application shall be signed according to the G	eneral Permit, Act 15, T-4 as follows:
For a corporation, by a responsible corpora	te officer.
For a partnership, by a general partner.	
For a municipal, state or other public facility	ty, by either a principal executive officer, the mayor, or ranking elected official.
- Duly Authorized Representative	
Please submit this form to: Chief, Environme	ntal Permits Division
MDEQ, Office of P.O. Box 2261	Sountion Court of
Jackson, Mississi	ppi 39225



## DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

1	ame	HIS	tory

Name

Quin Farms LLC

Name Type

Legal

**Business Information** 

**Business Type:** 

Limited Liability Company

**Business ID:** 

1131396

Status:

Good Standing ✓

**Effective Date:** 

11/01/2017

State of Incorporation:

Mississippi

**Principal Office Address:** 

NO PRINCIPAL OFFICE ADDRESS FOUND

Registered Agent

Name

James Quin 616 highway 48 West TYLERTOWN, MS 39667

Officers & Directors

Name

Title

James Quin

616 Highway 48 West Tylertown, MS 39667

Manager