AI#74887
GnP20190001

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
JAN 14 2019
BY:

MINING NOTICE OF INTENT (MNOI) FOR COVERAGE UNDER MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32 2780

(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 (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.

Please indicate the activities to be covered by this MNOI (check all that apply).

- [x] **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 applicant proposes to discharge storm water, discharge impounded mine water (dewatering) and/or operate a wastewater recirculation system with no discharge. A USGS quadrangle map, or a copy, indicating the site location and outfalls, and a SWPPP must be included with the MNOI submittal. Additional submittals may include the following (check all that apply).

- [x] **Notice of Exempt Operations Form**
- [ ] **Section 404 Documentation**
- [ ] **Dam/Reservoir Safety Permit or Written Authorization**

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

APPLICANT IS THE: [x] **OPERATOR** [ ] **LANDOWNER** **(Must check one or both)**

OPERATOR INFORMATION

OPERATOR CONTACT PERSON: Jamie Sullivan

OPERATOR COMPANY NAME: Talbot Brothers Grading Co. Inc.

OPERATOR STREET OR P. O. BOX: P.O. Box 364

OPERATOR CITY: Nesbit STATE: MS ZIP: 38651

OPERATOR PHONE NUMBER (662) 429-7291 EMAIL ADDRESS: jamie.talbotbrothers@gmail.com

LANDOWNER INFORMATION

LANDOWNER CONTACT PERSON: Jamie Sullivan

LANDOWNER COMPANY: Talbot Brothers Grading Co. Inc.

LANDOWNER STREET OR P. O. BOX: P.O. Box 364

LANDOWNER CITY: Nesbit STATE: MS ZIP: 38651

LANDOWNER PHONE NUMBER : (901) 831-0082 EMAIL ADDRESS: jamie.talbotbrothers@gmail.com

MINING NOTICE OF INTENT (MINOI)

FOR COVERAGE UNDER

MINING STORM WATER, NON-STORM WATER AND BMP MANUAL

GENERAL PERMIT – MSGP-2015

(Please type or print in ink)

If it is at least 30 days prior to the commencement of mining, I elect to obtain MSGP coverage. Prior to MSGP coverage, I must submit a Storm Water Pollution Prevention Plan (SWPPP) as required by the 2015 MSGP. If mining activity is not proposed to begin within 30 days, I will submit a SWPPP prior to the commencement of mining activity. I understand that coverage is not effective until I receive written confirmation from the Water Board that my SWPPP is adequate.

Major Modification (Does not change the MSGP coverage date.)

Please indicate the previous WDID number and the reason for the modification:

Previous WDID: _____

Reason for Modification: _____

Annual Fee Information

Please indicate the appropriate fee category for this facility. (You may check all that apply.)

☐ Storm Water Discharge Associated with Mining Activity ☐ Mine Dewatering

☐ Wastewater & Combined Wastewater and Storm Water Discharges

If a non-exempt portion of the MSGP area is occupied or if the storm water discharges to a Municipal Separation Storm Sewer System (MS4), discharge to impaired storm water (for mining and/or non-mining) or wastewater, or discharge to an ASBS, you must pay the annual fee. Indicate the site location and status and a SWPPP must be included with the NOI. Additional exemptions may include the following (check all that apply):

☐ Notice of Exemption Form ☐ Section 401 Certification

☐ Phase I Exemption Notice (for mining activities that will disturb less than one acre)

ALL INFORMATION MUST BE COMPLETED (Indicate "NA" where not applicable)

APPLICANT INFORMATION (Person who will sign the application)

Name: _____ Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

OPERATOR INFORMATION

Name of Operator (if different from Applicant): _____

Mailing Address: P.O. Box 365

City: Nipomo State: CA Zip: 93444

Phone: 805 929-1566 Email address: janice@allbrightpipe.com

LANDOWNER INFORMATION

Name of Landowner (if different from Applicant): _____

Mailing Address: 1120 Grand Ave

City: Arroyo Grande State: CA Zip: 93420

Phone: _____ Fax: _____

Email: _____

MINE INFORMATION

NAME OF MINE: Pigeon Roost Mine

STREET ADDRESS OR NEAREST NAMED ROAD: 4212 HWY 309 S

NEAREST CITY: Watson COUNTY: Marshall

Southeast /4 OF Northeast /4 OF SECTION 1, TOWNSHIP 4 South, RANGE 5 West

ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).

LATITUDE: 34 degrees 46 minutes 8 seconds LONGITUDE: -89 degrees 40 minutes 19 seconds

METHOD USED TO DETERMINE LAT & LONG (GPS (Please GPS Entrance Gate) or Map Interpolation): Map Interpolation

TOTAL ACREAGE: 4 MATERIAL TO BE MINED: Borrow Dirt

WILL HYDRAULIC DREDGING BE USED? ☐ YES ☑ NO WASHING OF SAND/GRAVEL? ☐ YES ☑ NO

RECEIVING STREAM: Pigeon Roost Creek

IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? ☐ YES ☑ NO
(The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☑ NO

ESTIMATED START DATE: April 15, 2018 HUC CODE (FOR MDEQ USE ONLY): _____

COMPLETE IF STORM WATER DISCHARGE IS PROPOSED

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE: ____ ____ ____ ____

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SEE PERMIT FOR REQUIREMENTS)

IDENTIFY THE ASSOCIATION OR GENERIC SWPPP ON FILE AT MDEQ: _____

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: _____ (FT)
(MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): _____

STORAGE CAPACITY OF EACH RECIRCULATION POND(S): _____ (FT^3)

COMPLETE IF MINE DEWATERING IS PROPOSED

ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)

NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:

MINE INFORMATION

Name of Mine: Pigeon Roost Mine

Street Address or Nearest Road: 412 HWY 309 S

Address (City): Albion County: Albion

Southeast Corner Northing: 4 Easting: 5 West

Latitude (Decimal Degrees - Required): 34 degrees 46 minutes 6 seconds Longitude: -86 degrees 40 minutes 19 seconds

Mine Boundary (Shapefile or Geodatabase Feature Class or Map Image): Map Inset

Mine Acreage: 4 Permit Number: Pigeon Roost Mine

Mine Operating Status: [ ] Yes [X] No Mining Method: [ ] Yes [X] No

Mine Operating Name: Pigeon Roost Mine

Is this a Coal Mine Subject to SMCRA? (Surface Mining Control and Reclamation Act): [ ] Yes [X] No
(The SMCRA Mine ID Number and AMD Abatement Projects may be found on AMLIS at the site:
https://www.arcgis.com/apps/MapSeries/index.html?appid=...)

Is this a Coal Mine Subject to Subchapter IV of SMCRA? [ ] Yes [X] No

Date Mine Was Abandoned: April 15, 2018 Reason Mine Was Abandoned:

CONTACT FOR STORM WATER SPECIALIST IS PROPOSED

Name and Address of Responsible Party:

Name of Person to Contact Regarding Storm Water Pollution Prevention Issues:

Phone Number:

COMPLETED BY MINE RECLAMATION SYSTEM (MRS)

Bonding Instrument Received Amount/Bonding Type: [illegible]

Date Bond Was Released:

Number of Acres Released:

Signature of Authorized Person: [illegible] Date:

COMPLETED BY MINE RECLAMATION SPECIALIST

Signature of Authorized Person: [illegible] (optional)

Additional Comments:

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.

WILL THE CONSTRUCTION OR OPERATION OF THIS MINE INVOLVE THE RE-ROUTING, FILLING OR CROSSING OF A WATER CONVEYANCE OF ANY KIND? ☐ YES ☑ NO

If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements. If the mine requires a Corps of Engineers Section 404 permit, provide appropriate documentation with this MNOI that:

- **The mine has been approved by individual permit, or**
- **The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or**
- **The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required.**

LIST ANY NPDES PERMIT NO(s). _____ **GEOLOGY APPLICATION/PERMIT NO.** _____

LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA _____

_____

IS THE MINE LESS THAN 4 ACRES AND GREATER THAN 1320 FEET FROM ANOTHER MINE?

☑ **YES** **A "Notice of Exempt Operations" Form must be included with the MNOI or proof of prior submission, if previously submitted to the Office of Geology.**

☐ **NO** **A "Notice of Intent to Mine Class I or Class II Materials" Form must be filed before coverage will be granted under the Mining General Permit. For information on Office of Geology requirements, call 601-961-5527.**

LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIONS MUST COMPLY AND SUBMIT ANY ASSOCIATED APPROVAL DOCUMENTATION. _____

IF AN IMPOUNDMENT WILL BE CONSTRUCTED ABOVE NATURAL SURFACE ELEVATIONS, INDICATE WHICH, IF ANY, OF THE FOLLOWING APPLY.

☐ **The impoundment will be constructed with a peripheral dam or levee 8 feet or greater in height, measured from the lowest elevation of its toe.**

☐ **The impoundment will have a maximum storage volume greater than 25 acre-feet.**

☐ **The impoundment will impound a watercourse with a continuous flow.**

☐ **The impoundment has the potential to threaten downstream lives or man-made structures.**

If the impoundment meets any of the above criteria, the applicant will be required to obtain written authorization from MDEQ, Dam Safety Division before coverage will be granted under the Mining General Permit.

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.

James C Sullivan Jr — 1/10/19

Authorized Signature[1] **Date**

James C. Sullivan, Jr. — Vice President

Printed Name **Title**

[1]**This application shall be signed according to the General Permit, Act 15, 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 either a principal executive officer, the mayor, or ranking elected official.**

Please submit this form to:

Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

This application must be signed according to 40 CFR Part 122, Subpart B, as follows:

- For a corporation, by a responsible corporate officer;
- For a partnership or sole proprietorship, by a general partner;
- For a municipal, state or other public facility, by a principal executive officer, ranking elected official or other duly authorized employee.

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.

Printed Name	Title	Date
James C. Sullivan, Jr.	Vice President	

Authorized Signature

Please submit this form to:

Ohio EPA, Division of Surface Water
Permit Processing Unit
P.O. Box 1049
Columbus, OH 43216-1049