AT #37405 Confa0080001





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) CONSTRUCTION NOTICE OF INTENT (CNOI)

FOR COVERAGE UNDER LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 5 0 8 0

INSTRUCTIONS

Applicant must be owner or prime contractor. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and several responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

File at least thirty (30) days prior to the commencement of construction, fifteen (15) days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file. Discharge of storm water from a construction site without written notification of coverage is a violation of state law.

Submittals with this CNOI include:

- A Storm Water Pollution Prevention Plan as described in the Large Construction General Permit Part III
- · A USGS quad map or a copy showing site location

Additional submittals may include the following if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation from Health Department and/or MDEQ Office of Pollution Control (OPC) concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from MDEQ Office of Land & Water, concerning dam construction and low flow requirements

All QUESTIONS MUST BE ANSWERED (AOWHU"1 A" II WHTH HANDO IV ORNOS COFFIECH

IS APPLICANT THE OWNER OR PRIME CONTRACTOR? (CIRCLE ONE OR BOTH)

OWNER INFORMATION

| OWNER CONTACT PERSON: Terry Dunlap | | |
|---|-----------|------------|
| OWNER COMPANY NAME: Tomorrow's Energy | | |
| OWNER STREET OR P.O. BOu: 15 Herbert Hickman Road | | |
| OWNER CITY: Wiggins | STATE: MS | wIP: 39577 |
| OWNER PHONE # (INCLUDE AREA CODE): 601 528-5323 | | |

PRIME CONTRACTOR INFORMATION

| PRIME CONTRACTOR CON | TACT PERSON: | | |
|--|--|--|--|
| PRIME CONTRACTOR COM | PANY: | | |
| PRIME CONTRACTOR STRE | ET OR P.O. BOu: | | |
| PRIME CONTRACTOR CITY | : | STATE: | wtP: |
| PRIME CONTRACTOR PHO | | | |
| | PROJECT INF | ORMATION | |
| PROJECT NAME: Piney Woo | ds Pellet Plant | | |
| TOTAL ACREAGE THAT WI disturbed area must be five (5) a (5) acres or greater.): 22 acres | icres or greater or part of a lar | overed by the Large Constru ger common plan of develop | action General Permit the ment or sale that will disturb five |
| DESCRIPTION OF CONSTRU | CTION ACTIVITY: | | |
| | | a and material bandling are | ea. |
| PROPOSED DESCRIPTION O | F PROPERTY USE AFTER C | | Track pro- |
| | F PROPERTY USE AFTER Cocode (SIC) if known): | ONSTRUCTION HAS BEE | N COMPLETED (include |
| PROPOSED DESCRIPTION O standard industrial classification Reconstituted wood products represented by the property of the prosented by the property of the p | F PROPERTY USE AFTER Concode (SIC) if known): manufacturing If the physical address is not availect and identify all counties the coun | ONSTRUCTION HAS BEE | N COMPLETED (include SIC Code 2493 amed road. For linear projects, |
| PROPOSED DESCRIPTION O standard industrial classification Reconstituted wood products of PHYSICAL SITE ADDRESS (Findicate the beginning of the prostreet: Old Highway 49 (Security: Wiggins | F PROPERTY USE AFTER Concode (SIC) if known): manufacturing If the physical address is not availect and identify all counties the country; COUNTY: | ONSTRUCTION HAS BEE | N COMPLETED (include SIC Code 2493 amed road. For linear projects, |
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| PROPOSED DESCRIPTION O standard industrial classification Reconstituted wood products of the property of the p | F PROPERTY USE AFTER Concode (SIC) if known): manufacturing If the physical address is not avaried and identify all counties the control of the country: COUNTY: GG STREAM: Red Creek L STREAMS, PRIVATE/PUBIT BOUNDRY THAT MAY BE | onstruction has bee | N COMPLETED (include SIC Code 2493 amed road. For linear projects, |

¹Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft² per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

| IS THIS CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? No |
|---|
| IF SO, CIRCLE WHICH ONE(S): AIR, HAWARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, OTHER: N/A |
| IF THE PROJECT IS REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY h IND, CONTACT THE U.S. ARMY CORPS OF ENGINEERS REGULATORY BRANCH FOR POSSIBLE PERMITTING REQUIREMENTS. IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT PROVIDE APPROPRIATE DOCUMENTATION FROM THE CORPS THAT THE PROJECT HAS BEEN APPROVED. |
| IS A LAh E REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? No IF SO, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM MDEQ OFFICE OF LAND AND WATER, DAM SAFETY. |
| IF THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARH OR LARGE APARTMENT COMPLEU HOW WILL SANITARY SEWAGE BE DISPOSED? Circle one of the following and attach the pertinent documents. |
| 1. Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the DARTIDAG", QIRP DARQS HDUCKO 3 URSRAG: DAMADALU3 URSRAW IRLP., I WHS DOVDOG VSHILLIDARQVFDQ QRACH provided, at the time of CNO1 submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow. |
| 2. Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:) |
| 3. Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems. |
| 4. Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems. |
| Individual onsite wastewater system for domestic wastewater. System based on MDOH recommendation. |
| INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL: |
| |

STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND USGS QUAD MAP REQUIREMENT

| INDICATE ANY ASSOCIATION OR GENERIC SWPPP (In addition, attach a site map with the appropriate er sediment controls identified. For linear projects [road and pipeline projects] provide drawings of typical controls. See SWPPP drawing in Appendix B | osion and used.): |
|---|----------------------|
| See SWPPP drawing in Appendix B | |
| | |
| ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP Eu TENDING AT LEAST ONE-HALF OF A MILE TH(S, T('S 35 2 3(5 TY B2 U1 D5 Y OUTLINING THE SITE LOCATION (Quad maps can be obtained from Office of Geology at S01-9S1-5523.) IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUAD MAP upper right hand corner of map). | MDEO |
| See Vicinity Map in Appendix B | |

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.

ghature (Must be signed by operator when different than owner)

Terry Dunlap

Printed Name

Date Signed

Plant Manager
Title

This application shall be signed according to the General Permit, Part V.E., 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, mayor, or ranking elected official.

Duly Authorized Representative.

Please submit the CNOI form to: Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 10315

Jackson, Mississippi 39219-0315

Revised August 21, 2003

PRIME CONTRACTOR CERTIFICATION

By completing and submitting this form to MDEQ the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) and (2) has day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and several responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations, and applicable permits.

PRIME CONTRACTOR INFORMATION

| PRIME CONTRACTOR CONTACT PERSON: | PHONE NUMBER: |
|--|---|
| PRIME CONTRACTOR COMPANY: | |
| PRIME CONTRACTOR STREET (P.O. BOu): | |
| PRIME CONTRACTOR CITY: | |
| OWNER INI | FORMATION |
| OWNER CONTACT PERSON: | PHONE NUMBER: |
| OWNER COMPANY NAME: | |
| PROJECT IN | FORMATION |
| CONSTRUCTION STORM WATER GENERAL PERMIT CO | OVERAGE NUMBER: MSR10 |
| | |
| PROJECT NAME: | |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: | |
| PHYSICAL SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the | ilable indicate the nearest named road. For linear projects, e project traverses.) |
| STREET: | |
| CITY:COUNTY: | |
| I certify that I am the prime contractor for this project and will complete permit. I further certify under penalty of law that this document and accordance with a system designed to assure that qualified personnel pmy inquiry of the person or persons who manage the system, or those information submitted is, to the best of my knowledge and belief, true, penalties for submitting false information, including the possibility of the submitted is to the person of t | all attachments were prepared under my direction or supervision in properly gathered and evaluated the information submitted. Based on persons directly responsible for gathering the information, the accurate and complete. I am aware that there are significant |
| Prime Contractor Signature ¹ | Date Signed |
| Printed Name ¹ | Title |
| ¹ This application shall be signed according to the General Permit, Part V.E., | This Prime Contractors Certification form shall be submitted to: |
| 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 | Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 10315 Jackson, Mississippi 39219-0315 |

officer, mayor, or ranking elected official. Duly Authorized Representative.