AI# 56047 GMP20160001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED Sept of Environmental Quality

MINING NOTICE OF INTENT (MNOI) FOR COVERAGE UNDER

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32 25 18

Sile 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 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). Storm Water Discharges Associated with Mining Mine Dewatering Mine Dewatering 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). 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: OPERATOR LANDOWNER (Must check one or both) OPERATOR CONTACT PERSON: Application State	(Number to be assigned	by State)
Please indicate the activities to be covered by this MNOI (check all that apply). Storm Water Discharges Associated with Mining	already on file and mine dewatering is <u>not</u> proposed. Lateral expansion requires the submittal of the Major Modification Form, not a new Milespansion is required). <u>Discharge of storm water or impounded water</u>	on of an existing mine that has general permit coverage NOI (modification of the existing SWPPP to include the r associated with mining or the operation of a
Please indicate the activities to be covered by this MNOI (check all that apply). Storm Water Discharges Associated with Mining		otification of coverage from MDEQ is a violation of State
Storm Water Discharges Associated with Mining Mine Dewatering	<u>Law.</u>	
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). Notice of Exempt Operations Form Section 404 Documentation ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable) APPLICANT IS THE: OPERATOR LANDOWNER (Must check one or both) OPERATOR INFORMATION OPERATOR CONTACT PERSON: Sold Street Street Operators Company Name: Sold Street Street Operators Street or P. O. Box: 519 Hours Company Name: Sold Street Street Operators City: Stree	Please indicate the activities to be covered by this MNOI (check all th	at apply).
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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). Notice of Exempt Operations Form Section 404 Documentation ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable) APPLICANT IS THE: OPERATOR LANDOWNER (Must check one or both) OPERATOR INFORMATION OPERATOR CONTACT PERSON: Soby Sorry Sorry Street or P. O. BOX: 5191 Care Company Name: Soby Sorry Street or P. O. BOX: 5191 Care Company Name: Soby Street Company Name: Street Or P. O. BOX: 5191 Care Company Name: Street Company Nam	Wastewater Recirculation System with No Discharge	
Dam/Reservoir Safety Permit or Written Authorization ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable) APPLICANT IS THE: OPERATOR LANDOWNER (Must check one or both) OPERATOR INFORMATION OPERATOR CONTACT PERSON: Boby Dirt Work OPERATOR COMPANY NAME: Boby Dirt Work OPERATOR STREET OR P. O. BOX: 5194 Ce Rd OPERATOR CITY: Byhalia STATE: MS ZIP: B8611	impounded mine water (dewatering) and/or operate a wastewater rec quadrangle map, or a copy, indicating the site location and outfalls, a	rirculation system with no discharge. A USGS and a SWPPP must be included with the MNOI
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APPLICANT IS THE: QOPERATOR QLANDOWNER (Must check one or both) OPERATOR INFORMATION OPERATOR CONTACT PERSON: BOBOY S DIRT WORK OPERATOR STREET OR P. O. BOX: 5194 Cay Ce Rol OPERATOR CITY: Replace State: MS ZIP: B8617	Dam/Reservoir Safety Permit or Written Authorization	
OPERATOR INFORMATION OPERATOR CONTACT PERSON: BOBY EATHEST OPERATOR COMPANY NAME: BOBY DIT WORK OPERATOR STREET OR P. O. BOX: 5194 Cay Ce Rd OPERATOR CITY: Byhalia STATE: MS ZIP: B8611	ALL INFORMATION MUST BE COMPLETED	(indicate "N/A" where not applicable)
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OPERATOR STREET OR P. O. BOX: 51924 Cay Ce Rd OPERATOR CITY: Byhalia STATE: MS ZIP: 38611	OPERATOR CONTACT PERSON: BOBBY EATIN	est
OPERATOR CITY: Byhalia STATE: MS ZIP: 38617	OPERATOR COMPANY NAME: Bobby's Dirt 1	work
	OPERATOR STREET OR P. O. BOX: 5192 Chyce	Rd
OPERATOR PHONE NUMBER 901 651-700 ZEMAIL ADDRESS: bobby earnest@icloud.com	OPERATOR CITY: Syhalia STATE:	MS ZIP: B8617
	OPERATOR PHONE NUMBER 901 651-700 ZEMAIL ADDRESS	: bobbyearnest@icloud.com
LANDOWNER INFORMATION	LANDOWNER INFO	RMATION
LANDOWNER CONTACT PERSON: BOBBY FOUNDEST	LANDOWNER CONTACT PERSON: BOBBY FORME	284
LANDOWNER COMPANY: Bobby's Nirt work	LANDOWNER COMPANY: Bobby's Sirt W	orle
LANDOWNER STREET OR P. O. BOX: 5194 COMCE KEE	LANDOWNER STREET OR P. O. BOX: 5194 Coyce K	col
LANDOWNER CITY: Byhalia STATE: MS ZIP: 38611	STATE.	
LANDOWNER PHONE NUMBER: 911) 651-700 DEMAIL ADDRESS: bobby parnesto icloud. C.	LANDOWNER PHONE NUMBER: 8 11) 651-706 DEMAIL ADD	ress: boblogearnest@icloudice

MINE INFORMATION

NAME OF MINE: Bobby Farnes!	
STREET ADDRESS OR NEAREST NAMED ROAD: 5194 Cayce Rd	
NEAREST CITY: Byhalia county: Marshall	
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississispi Office of Geology. For information call 601-961-5523).	
LATITUDE:degrees minutes seconds LONGITUDE: degrees minutes seconds	
METHOD USED TO DETERMINE LAT & LONG (GPS (Please GPS Entrance Gate) or Map Interpolation):	
TOTAL ACREAGE: MATERIAL TO BE-MINED:	
WILL HYDRAULIC DREDGING BE USED? YES NO WASHING OF SAND/GRAVEL? YES NO	
RECEIVING STREAM:	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (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?	
ESTIMATED START DATE: 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):(FT³)	
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:	

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, FI	LLING 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 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.	ed, or
The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is	
LIST ANY NPDES PERMIT NO(s). GEOLOGY APPLICATION/PE	RMIT 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 prif previously submitted to the Office of Geology.	ior submission,
NO A "Notice of Intent to Mine Class I or Class II Materials" Form must be filed before cov Permit. For information on Office of Geology requirements, call 601-961-5527.	erage will be granted under the Mining General
LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIONS MUST CO	OMPLY AND SUBMIT ANY
ASSOCIATED APPROVAL DOCUMENTATION.	
IF AN IMPOUNDMENT WILL BE CONSTRUCTED ABOVE NATURAL SURFACE ELEVATIONS, FOLLOWING APPLY.	INDICATE WHICH, IF ANY, OF THE
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 auticoverage will be granted under the Mining General Permit.	horization from MDEQ, Dam Safety Division before
I certify under penalty of law that this document and all attachments were prepared under a system designed to assure that qualified personnel properly gathered and evaluated the in the person or persons who manage the system, or those persons directly responsible for submitted is, to the best of my knowledge and belief, true, accurate and complete. I am submitting false information, including the possibility of fine and imprisonment for knowing	nformation submitted. Based on my inquiry of or gathering the information, the information aware that there are significant penalties for
Authorized Signature Date	
Date	
Printed Name DWNer 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.	Please submit this form to:
- For a partnership, by a general partner.	Chief, Environmental Permits Division
- For a sole proprietorship, by the proprietor.	MDEQ, Office of Pollution Control
- For a municipal, state or other public facility,	P.O. Box 2261

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF GEOLOGY Mining and Reclamation Division P. O. Box 2279 Jackson, Mississippi 39225 (601) 961-5527

NOTICE OF EXEMPT OPERATION

This form shall be filed with the Office of Geology, Mining and Reclamation Division. If more than 4 acres will be affected or site will be less than 1320 feet from another exempt or permitted operation, a Mining Permit Application form (MRD-3) must be filed. NOTE: Federal or other State agencies may also require permits before mining can be done on your site. This is your responsibility.

Name of applicant/operator: Boby W. Eurnest Mailing address: 5194 Cayce Rd Byhalid MS 38611 Telephone number: 9011-651-7002
LOCATION
1/4 of1/4 Section Township Range County
Include a map or aerial photograph marked with site location upon submittal of this form.
Name of land owner: Mailing address: Signature Solution Signature Mailing address: Signature Mailing address: Signature Sig
Date 1/26/16 Position Owner 1 operator
For Office of Geology use only By
Division Director Mining and Reclamation Division

rev. 11/02

Form MRD-9