

MSR32 2913

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☒ OWNER ☐ OPERATOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Jeff Cox
 OWNER COMPANY LEGAL NAME: S&C Farms, LLC
 OWNER STREET OR P. O. BOX: 350 S. Industrial Parkwa
 OWNER CITY: Yazoo City STATE: MS ZIP: 39194
 OWNER PHONE #: (601) 955-4844 OWNER EMAIL: jeff@birdsongconst.com

OPERATOR CONTACT INFORMATION

OPERATOR CONTACT PERSON: _____
 OPERATOR COMPANY LEGAL NAME: _____
 OPERATOR STREET OR P. O. BOX: _____
 OPERATOR CITY: _____ STATE: _____ ZIP: _____
 OPERATOR PHONE #: (____) _____ OPERATOR EMAIL: _____

MINE INFORMATION

MINE NAME: S&C Farms Mine
 MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)
 Street: N. County Line Road
 City: Jackson State: MS County: Hinds Zip: _____
 SE _____ /4 OF SE _____ /4 OF SECTION 24, TOWNSHIP 7N, RANGE 1W
 MINE SITE TRIBAL LAND ID (N/A If not applicable): N/A
 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: 32 degrees 25 minutes 49.52 seconds LONGITUDE: 90 degrees 14 minutes 37.40 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): google earth
 TOTAL ACREAGE: 100 MATERIAL TO BE MINED: dirt
 WILL HYDRAULIC DREDGING BE USED? ☐ YES ☒ NO
 WASHING OF SAND/GRAVEL? ☐ YES ☒ NO

2 - email received 4.13.2021



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

**MINING NOTICE OF INTENT (MNOI)
FOR COVERAGE UNDER
MINING STORM WATER, DEWATERING AND NO DISCHARGE
GENERAL PERMIT MSR32 _____
(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 of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi 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 applicant proposes to discharge storm water, discharge impounded mine water (dewatering) and/or operate a wastewater recirculation system with no discharge.

A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit and a United States Geological Survey (USGS) quadrangle map or photocopy, indicating the site location and outfalls must be included with the MNOI submittal. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523. Additional submittals may include the following (check all that apply).

- ☐ 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)

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 601-961-5515.

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

IF IMPOUNDMENTS 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 any of the impoundments meet 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.

Authorized Signature¹

Jeff Cox

Printed Name

Date

Title

¹This 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.
- Duty Authorized Representative

Please submit this form to: Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

ESTIMATED END DATE: 2026-6
NAICS CODE 531180

NEAREST NAMED RECEIVING STREAM: Bogue Chitto

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 website: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) ☐ YES ☒ NO

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

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

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

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)

ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)

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