

ORIGINAL

2997



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# NO EXPOSURE CERTIFICATION for Exclusion from NPDES Storm Water Permitting

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity due to the existence of a condition of no exposure. This certification must be submitted every five years from the date of submittal.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, or waste product. A storm resistant shelter is not required for the following industrial materials and activities (40 CFR 122.26(g)(2)):

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A **No Exposure Certification** must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this **No Exposure Certification** form, the entity is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of the conditional exclusion for "no exposure" of industrial activities and materials to storm water found in 40 CFR 122.26(g). Please mail the completed form to: **Chief, Environmental Permits Division, Office of Pollution Control, P.O. Box 2261, Jackson, MS 39225**

For this certification to be considered, all questions on this form must be answered. If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question. All answers must be printed or typed.

## Facility Operator Information (All correspondence will be sent to this address).

1. Contact Name: James Wilson, Jr. 2. Phone Number: 601-892-2951  
3. Legal Company Name: Wilson's Slaughterhouse  
4. Mailing Address: Street: 23086 Highway 51  
City: Crystal Springs State: MS Zip Code: 39059

## Facility/Site Location Information (If no street address exists, provide the nearest named road [e.g., Intersection of Routes 9 and 55]. Do not use a P.O. Box number).

1. Facility Name: Wilson's Slaughterhouse  
2. Street Address: 23086 Highway 51  
City: Crystal Springs County: Copiah  
Zip Code: 39059

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# NO EXPOSURE CERTIFICATION

## Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES storm water permitting.

I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g) (2)).

I understand that I am obligated to submit a no exposure certification form once every five years to MDEQ and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the MDEQ or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of storm water from the facility. I understand that a copy of this certificate must be retained at the facility.

Additionally, 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.

Print Name<sup>1</sup>: James Wilson, Jr.

Print Title<sup>1</sup>: Owner

Signature<sup>1</sup>: James Wilson, Jr.

Date: 12-30-2022

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<sup>1</sup>This certification shall be signed according to the State Wastewater Permit Regulations, 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.

## Instructions and Additional Information

### Law

Federal law at 40 CFR Part 122.26 prohibits point source discharges of storm water associated with industrial activity to waters of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. However, according to 40 CFR 122.26(g), NPDES permit coverage is not required for discharges of storm water associated with industrial activities identified at 40 CFR 122.26 (b)(14)(i)-(ix) and (xi) if the discharger can certify that a condition of "no exposure" exists at the industrial facility or site. Storm water discharges from construction activities identified in 40 CFR 122.26(b)(14)(x) are not eligible for the no exposure exclusion. Submission of this **No Exposure Certification** constitutes notice that the entity identified above does not require permit authorization for its storm water discharges associated with industrial activity due to the existence of a condition of no exposure.

### Obtaining and Maintaining the No Exposure Exclusion

This form is used to certify that a condition of "no exposure" exists at the industrial facility or site described herein. By signing and submitting this **No Exposure Certification** form, the entity is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g). A **No Exposure Certification** must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion. If conditions change resulting in the exposure of materials and activities to storm water, the facility operator must obtain coverage under an NPDES storm water permit immediately. This certification must be resubmitted at least once every five years. The "no exposure" certification is non-transferable.

### Instructions for Determining a Facility's Latitude and Longitude

Enter the latitude and longitude of the approximate center of the facility in degrees/minutes/seconds. Latitude and longitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic maps, GPS, or by accessing web sites that have latitude and longitude finders.

Latitude and longitude for a facility in decimal form must be converted to degrees (°), minutes (') and seconds (") for proper entry on the certification form. To convert decimal latitude or longitude to degrees/minutes/seconds, follow the steps in the following example.

Example: Convert decimal latitude 45.1234567 to degrees (°), minutes ('), and seconds (").

a/ The number to left of the decimal point are the degrees: 45°

b/ To obtain minutes, multiply the first four numbers to the right of the decimal point by 0.006:  $1234 \times 0.006 = 7.404$

c/ The numbers to the left of the decimal point in the result obtained in (b) are the minutes: 7'

d/ To obtain seconds, multiply the remaining three numbers to the right of the decimal from the result obtained in (b) by 0.06:  $404 \times 0.06 = 24.24$ . Since the numbers to the right of the decimal point are not used, the result is 24".

e/ The conversion for 45.1234567 = 45° 7' 24".



**C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?**

☒ **NO** (go to Section III)

### III. PRODUCTION

☒ YES (complete Item III-B)☐ **NO** (go to Section IV)☒ YES (complete Item III-C)

☐ **NO** (go to Section IV)

### 1. AVERAGE DAILY PRODUCTION

#### IV. IMPROVEMENTS

☐ **YES (complete the following table)**

☒ **NO** (go to Item IV-B)

**B. OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

CONTINUED FROM PAGE 2



## VII. BIOLOGICAL TOXICITY TESTING DATA

☐ YES (identify the test(s) and describe their purpose below)☒ **NO** (go to Section VIII)

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ **NO** (go to Section IX)[illegible]

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 gather and evaluate 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 Wilson, Jr.**

C. SIGNATURE

James Wilson L.

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B. PHONE NO. (area code & no.)  
(601) 892-2951

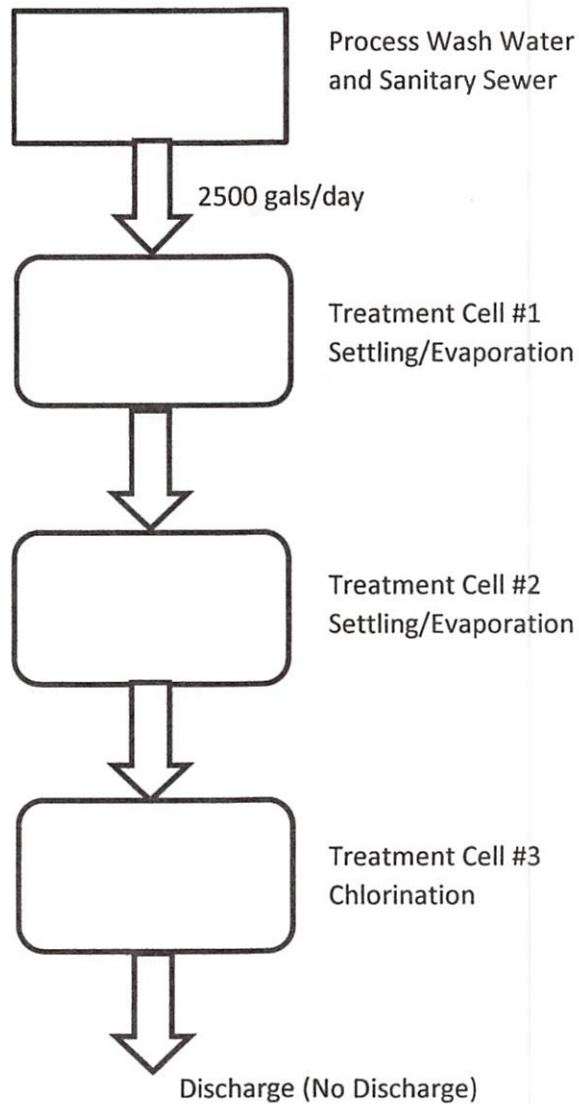
D. DATE SIGNED

12-30-2022

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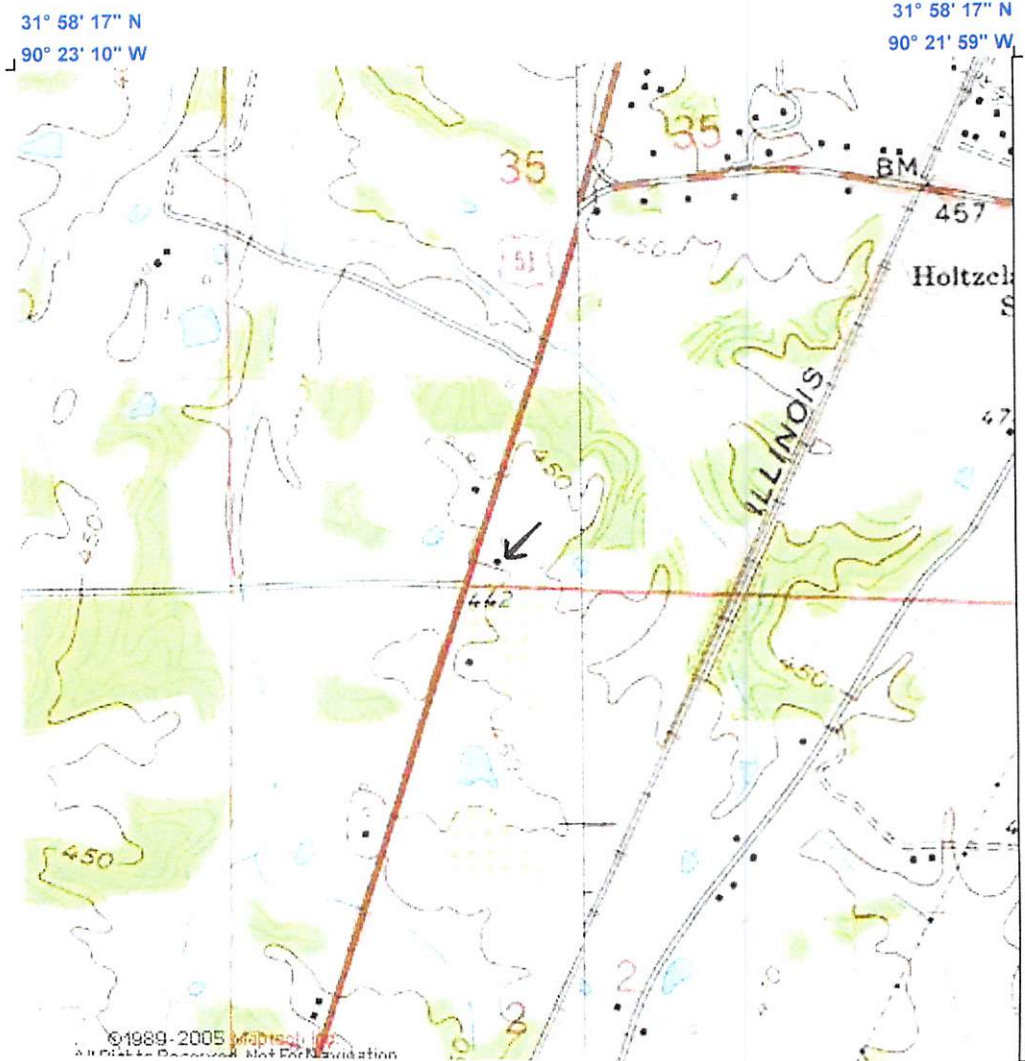
## PROCESS FLOW DIAGRAM

### Wilson's Slaughterhouse Crystal Springs, MS



No Active Discharge due to Evaporative Losses.

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**Wilson's Slaughterhouse**  
**23068 Highway 51**  
**Crystal Springs, MS**

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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**MS0037338**

**V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)**

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| 1. POLLUTANT                       | 2. EFFLUENT            |              |  |          |   |          | d. NO. OF ANALYSIS | 3. UNITS (specify if blank) |         | 4. INTAKE (optional)       |          |                    |  |
|------------------------------------|------------------------|--------------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|--|
|                                    | a. MAXIMUM DAILY VALUE |              | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          |                    | a. CONCENTRATION            | b. MASS | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |  |
|                                    | (1) CONCENTRATION      | (2) MASS     | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                             |         | (1) CONCENTRATION          | (2) MASS |                    |  |
| a. Biochemical Oxygen Demand (BOD) | 18                     |              |  |          |   |          | 1                  | mg/l                        |         |                            |          |                    |  |
| b. Chemical Oxygen Demand (COD)    | 48                     |              |  |          |   |          | 1                  | mg/l                        |         |                            |          |                    |  |
| c. Total Organic Carbon (TOC)      | 37                     |              |  |          |   |          | 1                  | mg/l                        |         |                            |          |                    |  |
| d. Total Suspended Solids (TSS)    | 22                     |              |  |          |   |          | 1                  | mg/l                        |         |                            |          |                    |  |
| e. Ammonia (as N)                  | 22.7                   |              |  |          |   |          | 1                  | mg/l                        |         |                            |          |                    |  |
| f. Flow                            | Value NA               |              | Value NA                               |          | Value NA                                |          | 1                  | MGD                         |         | Value                      |          |                    |  |
| g. Temperature (winter)            | Value 14.8             |              | Value                                  |          | Value                                   |          | 1                  | °C                          |         | Value                      |          |                    |  |
| h. Temperature (summer)            | Value NA               |              | Value NA                               |          | Value NA                                |          |                    | °C                          |         | Value                      |          |                    |  |
| i. pH                              | Minimum 6.78           | Maximum 6.78 | Minimum                                | Maximum  |   |          | 1                  | STANDARD UNITS              |         |                            |          |                    |  |

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X'                         |                                     | 3. EFFLUENT            |          |  |          |   |          | d. NO. OF ANALYSIS | 4. UNITS (specify if blank) |         | 5. INTAKE (optional)       |  |                    |  |
|---|-------------------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|--|--------------------|--|
|   | a. BELIEVED PRESENT                 | b. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          |                    | a. CONCENTRATION            | b. MASS | a. LONG TERM AVERAGE VALUE |  | b. NO. OF ANALYSES |  |
|   | (1) CONCENTRATION                   | (2) MASS                            | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                             |         |                            |  |                    |  |
| a. Bromide (24959-67-9)                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |  |                    |  |
| b. Chlorine, Total Residual             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <0.10                  |          |  |          |   |          | 1                  | mg/l                        |         |                            |  |                    |  |
| c. Color                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |  |                    |  |
| d. Fecal Coliform                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5100                   |          |  |          |   |          | 1                  | col./1L                     |         |                            |  |                    |  |
| e. Fluoride (16984-48-8)                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |  |                    |  |
| f. Nitrate-Nitrite (as N)               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |  |                    |  |

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## ITEM V-B CONTINUED FROM FRONT

| 1. POLLUTANT AND CAS NO. (if available)       | 2. MARK 'X'                         |                                     | 3. EFFLUENT            |          |  |          |   |          | 4. UNITS (specify if blank) |                  | 5. INTAKE (optional) |                            |          |                    |
|---|-------------------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|-----------------------------|------------------|----------------------|----------------------------|----------|--------------------|
|   | a. BELIEVED PRESENT                 | b. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSIS          | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |
|   |                                     |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                             |                  |                      | (1) CONCENTRATION          | (2) MASS |                    |
| g. Nitrogen, Total Organic (as N)             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| h. Oil and Grease                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <5                     |          |  |          |   |          | 1                           | mg/l             |                      |                            |          |                    |
| i. Phosphorus (as P), Total (7723-14-0)       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| j. Radioactivity                              |                                     |                                     |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| (1) Alpha, Total                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| (2) Beta, Total                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| (3) Radium, Total                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| (4) Radium 226, Total                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| k. Sulfate (as SO <sub>4</sub> ) (14808-79-8) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| l. Sulfide (as S)                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| m. Sulfite (as SO <sub>3</sub> ) (14265-45-3) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| n. Surfactants                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| o. Aluminum, Total (7429-90-5)                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| p. Barium, Total (7440-39-3)                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| q. Boron, Total (7440-42-8)                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| r. Cobalt, Total (7440-48-4)                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| s. Iron, Total (7439-89-4)                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| t. Magnesium, Total (7439-95-4)               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| u. Molybdenum, Total (7439-98-7)              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| v. Manganese, Total (7439-96-5)               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| w. Tin, Total (7440-31-5)                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| x. Titanium, Total (7440-32-6)                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**MS0037338**OUTFALL NUMBER  
**001**

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available)         | 2. MARK 'X'              |                          |                                     | 3. EFFLUENT            |          |  |          |   |          | d. NO. OF ANALYSES | 4. UNITS (specify if blank) |         | 5. INTAKE (optional)       |          |                    |  |
|---|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|--|
|   | a. TESTING REQUIRED      | b. BELIEVED PRESENT      | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          |                    | a. CONCENTRATION            | b. MASS | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |  |
|   |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                             |         | (1) CONCENTRATION          | (2) MASS |                    |  |
| <b>METALS, CYANIDE, AND TOTAL PHENOLS</b>       |                          |                          |                                     |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 1m. Antimony, Total (7440-36-0)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 2M. Arsenic, Total (7440-38-2)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 3M. Beryllium, Total (7440-41-7)                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 4M. Cadmium, Total (7440-43-9)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 5M Chromium, Total (7440-47-3)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 6M Copper, Total (7440-50-8)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 7M lead, Total (7439-92-1)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 8M Mercury, Total (7439-97-6)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 9M Nickel, Total (7440-02-0)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 10M Selenium, Total (7782-49-2)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 11M Silver, Total (7440-22-4)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 12M Thallium, Total (7440-28-0)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 13M Zinc, Total (7440-66-6)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 14M Cyanide, Total (57-12-5)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 15M Phenols, Total                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| <b>DIOXIN</b>                                   |                          |                          |                                     |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | DESCRIBE RESULTS       |          |  |          |   |          |                    |                             |         |                            |          |                    |  |

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| 1. POLLUTANT AND CAS NO. (if available)  | 2. MARK 'X'              |                          |                                     | 3. EFFLUENT            |          |  |          |   |          | 4. UNITS (specify if blank) |                  | 5. INTAKE (optional) |                            |          |                    |
|--|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|-----------------------------|------------------|----------------------|----------------------------|----------|--------------------|
|  | a. TESTING REQUIRED      | b. BELIEVED PRE-SENT     | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES          | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |
|  |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                             |                  |                      | (1) CONCENTRATION          | (2) MASS |                    |
| <b>GC/MS - VOLATILE COMPOUNDS</b>        |                          |                          |                                     |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 1V. Acrolein (107-02-8)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 2V. Acrylonitrile (107-13-1)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 3V. Benzene (71-43-2)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 4V. Bis (Chloromethyl) Ether (542-88-1)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 5V. Bromoform (75-25-2)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 6V. Carbon Tetrachloride (56-23-5)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 7V. Chlorobenzene (108-90-7)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 8V. Chlorodibromomethane (124-48-1)      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 9V. Chloroethane (75-00-3)               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 10V. 2-Chloroethylvinyl Ether (110-75-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 11V. Chloroform (67-66-3)                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 12V. Dichlorobromoethane (75-27-4)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 13V. Dichlorodifluoromethane (75-71-8)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 14V. 1,1-Dichloroethane (75-27-3)        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 15V. 1,2-Dichloroethane (107-06-2)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 16V. 1,1-Dichloroethylene (7535-4)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 17V. 1,2-Dichloropropane (78-87-5)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 18V. 1,3-Dichloropropylene (542-75-6)    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 19V. Ethylbenzene (100-41-4)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 20V. Methyl Bromide (74-83-9)            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 21V. Methyl Chloride (74-87-3)           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |

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EPA I.D. NUMBER (copy from Item 1 of Form 1)  
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| 1. POLLUT-<br>ANT AND<br>CAS NO. (if<br>available) | 2. MARK 'X'                   |                                  |                                     | 3. EFFLUENT               |          |   |          |   |          | 4. UNITS<br>(specify if blank) |                          | 5. INTAKE (optional) |                               |          |                           |
|--|-------------------------------|----------------------------------|-------------------------------------|---------------------------|----------|---|----------|---|----------|--------------------------------|--------------------------|----------------------|-------------------------------|----------|---------------------------|
|  | a. TEST-<br>ING RE-<br>QUIRED | b. BE-<br>LIEVED<br>PRE-<br>SENT | c. BE-<br>LIEVED<br>ABSENT          | a. MAXIMUM DAILY<br>VALUE |          | b. MAXIMUM 30 DAY VALUE<br>(if available) |          | c. LONG TERM AVRG.<br>VALUE<br>(if available) |          | d. NO. OF<br>ANALYSI<br>S      | a.<br>CONCEN-<br>TRATION | b. MASS              | a. LONG TERM<br>AVERAGE VALUE |          | b. NO. OF<br>ANALYSE<br>S |
|  |                               |                                  |                                     | (1) CONCENT-<br>RATION    | (2) MASS | (1) CONCENT-<br>RATION                    | (2) MASS | (1) CONCENT-<br>RATION                        | (2) MASS |                                |                          |                      | (1)<br>CONCENTRATI<br>ON      | (2) MASS |                           |
| <b>GC/MS - VOLATILE COMPOUNDS (continued)</b>      |                               |                                  |                                     |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 22 V. Methylene Chloride (75-09-2)                 | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 23 V. 1,1,2,2-Tetra-Chloroethane (78-34-5)         | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 24 V. Tetrachloro-ethylene (127-18-4)              | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 25 V. Toluene (108-88-3)                           | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 26 V. 1,2-Trans-Dichloroethylene (156-60-5)        | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 27 V. 1,1,1-Tri-chloroethane (71-55-6)             | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 28 V. 1,1,2-Tri-chloroethane (79-00-5)             | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 29 V. Trichloro-ethylene (79-01-6)                 | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 30 V. Trichloro-fluoromethane (75-69-4)            | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 31 V. Vinyl Chloride (75-01-4)                     | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| <b>GC/MS FRACTION - ACID COMPOUNDS</b>             |                               |                                  |                                     |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 1A. 2-Chlorophenol (95-57-8)                       | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 2A. 2,4-Dichloro-phenol (120-83-2)                 | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 3A. 2,4-Dimethyl-phenol (105-67-9)                 | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 4A. 4,6-Dinitro-O-cresol (534-52-1)                | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 5A. 2,4-Dinitro-phenol (51-28-5)                   | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 6A. 2-Nitro-phenol (98-75-5)                       | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 7A. 4-Nitro-phenol (100-02-7)                      | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 8A. P-Chloro-M-Cresol (58-50-7)                    | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 9A. Penta-chlorophenol (87-86-5)                   | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 10A. Phenol (108-95-2)                             | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |
| 11A. 2,4,6-Tri-chlorophenol (88-06-2)              | <input type="checkbox"/>      | <input type="checkbox"/>         | <input checked="" type="checkbox"/> |                           |          |   |          |   |          |                                |                          |                      |                               |          |                           |

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|--|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|-----------------------------|------------------|----------------------|----------------------------|----------|--------------------|
|  | a. TESTING REQUIRED      | b. BELIEVED PRE-SENT     | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES          | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |
|  |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                             |                  |                      | (1) CONCENTRATION          | (2) MASS |                    |
| <b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b> |                          |                          |                                     |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 1B. Acenaphthene (83-32-9)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 2B. Acenaphthylene (208-98-8)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 3B. Anthracene (120-12-7)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 4B. Benzidine (92-87-5)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 5B. Benzo (a) Anthracene (56-55-3)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 6B. Benzo (a) Pyrene (50-32-8)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 7B. 3,4-Benzo-fluoranthene (205-99-2)          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 8B. Benzo (ghi) Perylene (191-24-2)            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 9B. Benzo (k) Fluoranthene (207-08-9)          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 10B. Bis (2-Chloroethoxy) Methane (111-91-1)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 11B. Bis (2-Chloroethyl) Ether (111-44-4)      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 12B. Bis (2-Chloroisopropyl) Ether (108-90-1)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 13B. Bis(2-Ethylhexyl) Phthalate (117-81-7)    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 14 B. 4-Bromophenyl Phenyl Ether (101-55-3)    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 15B Butyl Benzyl Phthalate (85-68-7)           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 16B. 2-Chloronaphthalene (91-58-7)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 18B. Chrysene (218-01-9)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 19B. Dibenzo (a,h) Anthracene (53-70-3)        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 20B. 1,2-Dichlorobenzene (95-50-1)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 21B. 1,3-Dichlorobenzene (541-73-1)            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |

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|---|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|--------------------|------------------|----------------------|----------------------------|----------|--------------------|
|   | a. TESTING REQUIRED      | b. BELIEVED PRE-SENT     | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |
|   |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                  |                      | (1) CONCENTRATION          | (2) MASS |                    |
| GC/MS - BASE/NEUTRAL COMPOUNDS (continued)            |                          |                          |                                     |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 22B. 1,4-Dichlorobenzene (108-46-7)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 23B. 3,3'-Dichlorobenzidine (91-94-1)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 24B. Diethyl Phthalate (84-86-2)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 25B. Dimethyl Phthalate (131-11-3)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 26B. Di-N-Butyl Phthalate (84-74-2)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 27B. 2,4-Dinitrotoluene (121-14-2)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 28B. 2,6-Dinitrotoluene (606-20-2)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 29B. Di-N-Octyl Phthalate (117-84-0)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-86-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 31B. Fluoranthene (206-44-0)                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 32B. Fluorene (86-73-7)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 33B. Hexachlorobenzene (118-74-1)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 34B. Hexachlorobutadiene (87-68-3)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 35B. Hexachlorocyclopentadiene (77-47-4)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 36B. Hexachloroethane (67-72-1)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 37B. Indeno (1,2,3-cd) Pyrene (193-39-5)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 38B. Isophorone (78-59-1)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 39B. Naphthalene (91-20-3)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 40B. Nitrobenzene (98-95-3)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 41B. N-Nitrosodimethylamine (62-75-9)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |
| 42B. N-Nitrosdi-N-Propylamine (621-64-7)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                  |                      |                            |          |                    |

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| 1. POLLUTANT AND CAS NO. (if available)                    | 2. MARK 'X'              |                          |                                     | 2. EFFLUENT            |          |  |          |   |          | 3. UNITS (specify if blank) |                  | 4. INTAKE (optional) |                            |          |                    |
|--|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|-----------------------------|------------------|----------------------|----------------------------|----------|--------------------|
|  | a. TESTING REQUIRED      | b. BELIEVED PRE-SENT     | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSIS          | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |
|  |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                             |                  |                      | (1) CONCENTRATION          | (2) MASS |                    |
| <b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b> |                          |                          |                                     |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 43B. N-Nitrosodiphenylamine (86-30-6)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 44B. Phenanthrene (85-01-7)                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 45B. Pyrene (129-00-0)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 46B. 1,2,4-Trichlorobenzene (120-82-1)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| <b>GC/MS FRACTION - PESTICIDES</b>                         |                          |                          |                                     |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 1P. Aldrin (309-00-2)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 2P. $\alpha$ -BHC (319-84-6)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 3P. $\beta$ -BHC (319-85-7)                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 4P. $\gamma$ -BHC (58-89-9)                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 5P. $\delta$ -BHC (319-86-8)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 6P. Chlordane (57-74-9)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 7P. 4,4'-DDT (50-29-3)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 8P. 4,4'-DDE (72-55-9)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 9P. 4,4'-DDD (72-54-8)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 10P. Dieldrin (60-57-1)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 11P. $\alpha$ -Endo-sulfan (115-29-7)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 12P. $\beta$ -Endo-sulfan (115-29-7)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 13P. Endosulfan Sulfate (1031-07-8)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 14P. Endrin (72-20-8)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 15P. Endrin Aldehyde (7421-93-4)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |
| 16P. Heptachlor (78-44-8)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                             |                  |                      |                            |          |                    |

ORIGINAL



CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**MS0037338**OUTFALL NUMBER  
**001**

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X'              |                          |                                     | 3. EFFLUENT            |          |  |          |   |          | d. NO. OF ANALYSES | 4. UNITS (specify if blank) |         | 5. INTAKE (optional)       |          |                    |  |
|---|--------------------------|--------------------------|-------------------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|--|
|   | a. TESTING REQUIRED      | b. BELIEVED PRESENT      | c. BELIEVED ABSENT                  | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          |                    | a. CONCENTRATION            | b. MASS | a. LONG TERM AVERAGE VALUE |          | b. NO. OF ANALYSES |  |
|   |                          |                          |                                     | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                             |         | (1) CONCENTRATION          | (2) MASS |                    |  |
| <b>GC/MS - PESTICIDES (continued)</b>   |                          |                          |                                     |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 17P. Heptachlor Epoxide (1024-57-3)     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 18P. PCB-1242 (53469-21-9)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 19P. PCB-1254 (11097-69-1)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 20P. PCB-1221 (11104-28-2)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 21P. PCB-1232 (11141-16-5)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 22P. PCB-1248 (12672-29-6)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 23P. PCB-1260 (11098-82-5)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 24P. PCB-1016 (12674-11-2)              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |
| 25P. Toxa-phene (8001-35-2)             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                        |          |  |          |   |          |                    |                             |         |                            |          |                    |  |

ORIGINAL



|   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|---|--------------------------|---|-------------------------------------|---|----------------|---|-----------|-------------------------|----------------------------|---|--|---|--------------------------|-----|-------|------|----|---|--|--|----|--|--|----|----|----|-------|-------|-------|-----------------|--|--|----------|-------------|--|--------|-----------------|--|----|-------|--|----|----|--|--|--|--|-----------------|----|----|----------|-------------|----------------|---|-----------------|--|----|-------|----|---|--|--|--|--|--|----|----|----|-------|-------|-------|
| <b>FORM 1</b><br><b>GENERAL</b>   |                          | <br><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br><i>(Read the "General Instructions" before starting.)</i>   |                                     | <b>I. EPA I.D. NUMBER</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">S</td> <td style="width: 75%;">MS0037338</td> <td style="width: 10%;">T/A</td> <td style="width: 10%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>  |                | S   | MS0037338 | T/A                     | C                          | F |  |   | D                        | 1   | 2     | 13   | 14 |   |  |  | 15 |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| S   | MS0037338                | T/A   | C                                   |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| F   |                          |   | D                                   |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 1   | 2                        | 13  | 14                                  |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          |   | 15                                  |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>LABEL ITEMS</b><br><b>I. EPA I.D. NUMBER</b><br><b>III. FACILITY NAME</b><br><b>V. FACILITY MAILING LIST</b><br><b>VI. FACILITY LOCATION</b>   |                          | <div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: relative;"> RECEIVED<br/> JAN 3 2023<br/> MDEQ </div> <p style="font-size: 1.2em; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> |                                     | <b>GENERAL INSTRUCTIONS</b><br>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected. |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>II. POLLUTANT CHARACTERISTICS</b><br>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| SPECIFIC QUESTIONS  |                          | MARK "X"  |                                     | SPECIFIC QUESTIONS  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | YES   | NO                                  | FORM ATTACHED   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| A. Is this facility a <b>publicly owned treatment works</b> which results in a discharge to waters of the U.S.? (FORM 2A)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 16  | 17                                  | 18  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)   |                          | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 22  | 23                                  | 24  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)  |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 28  | 29                                  | 30  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 34  | 35                                  | 36  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 40  | 41                                  | 42  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a discharge to waters of the U.S.? (FORM 2B)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 19  | 20                                  | 21  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 25  | 26                                  | 27  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)  |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 31  | 32                                  | 33  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 37  | 38                                  | 39  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |                          | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
|   |                          | 43  | 44                                  | 45  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>III. NAME OF FACILITY</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">C</td> <td style="width: 10%;">SKIP</td> <td style="width: 85%;">Wilson's Slaughterhouse</td> <td style="width: 10%;"></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>16-29</td> <td>30</td> <td>69</td> </tr> </table>  |                          |   |                                     |   |                | C   | SKIP      | Wilson's Slaughterhouse |                            | 1 |  |   |                          | 15  | 16-29 | 30   | 69 |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | SKIP                     | Wilson's Slaughterhouse   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 1   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16-29                    | 30  | 69                                  |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>IV. FACILITY CONTACT</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">A. NAME &amp; TITLE (last, first, &amp; title)</td> <td colspan="3" style="text-align: center;">B. PHONE (area code &amp; no.)</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 45%;">Wilson Jr., James, Owner</td> <td style="width: 15%;">601</td> <td style="width: 15%;">892</td> <td style="width: 15%;">2951</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>16</td> <td>45</td> <td>46 48</td> <td>49 51</td> <td>52 55</td> </tr> </table>   |                          |   |                                     |   |                | A. NAME & TITLE (last, first, & title)            |           |                         | B. PHONE (area code & no.) |   |  | C | Wilson Jr., James, Owner | 601 | 892   | 2951 |    | 2 |  |  |    |  |  | 15 | 16 | 45 | 46 48 | 49 51 | 52 55 |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| A. NAME & TITLE (last, first, & title)  |                          |   | B. PHONE (area code & no.)          |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | Wilson Jr., James, Owner | 601   | 892                                 | 2951  |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 2   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16                       | 45  | 46 48                               | 49 51   | 52 55          |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>V. FACILITY MAILING ADDRESS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">A. STREET OR P.O. BOX</td> </tr> <tr> <td style="width: 5%;">C</td> <td colspan="5">23086 Highway 51</td> </tr> <tr> <td>3</td> <td colspan="5"></td> </tr> <tr> <td>15</td> <td>16</td> <td colspan="4">45</td> </tr> <tr> <td colspan="3" style="text-align: center;">B. CITY OR TOWN</td> <td style="text-align: center;">C. STATE</td> <td colspan="2" style="text-align: center;">D. ZIP CODE</td> </tr> <tr> <td style="width: 5%;">C</td> <td colspan="2">Crystal Springs</td> <td style="width: 10%;">MS</td> <td colspan="2">39059</td> </tr> <tr> <td>4</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>15</td> <td>16</td> <td>40</td> <td>41 42</td> <td>47</td> <td>51</td> </tr> </table>  |                          |   |                                     |   |                | A. STREET OR P.O. BOX                             |           |                         |                            |   |  | C | 23086 Highway 51         |     |       |      |    | 3 |  |  |    |  |  | 15 | 16 | 45 |       |       |       | B. CITY OR TOWN |  |  | C. STATE | D. ZIP CODE |  | C      | Crystal Springs |  | MS | 39059 |  | 4  |    |  |  |  |  | 15              | 16 | 40 | 41 42    | 47          | 51             |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| A. STREET OR P.O. BOX   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | 23086 Highway 51         |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 3   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16                       | 45  |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| B. CITY OR TOWN   |                          |   | C. STATE                            | D. ZIP CODE   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | Crystal Springs          |   | MS                                  | 39059   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 4   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16                       | 40  | 41 42                               | 47  | 51             |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| <b>VI. FACILITY LOCATION</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> </tr> <tr> <td style="width: 5%;">C</td> <td colspan="5">23086 Highway 51</td> </tr> <tr> <td>5</td> <td colspan="5"></td> </tr> <tr> <td>15</td> <td>16</td> <td colspan="4">45</td> </tr> <tr> <td colspan="3" style="text-align: center;">B. COUNTY NAME</td> <td colspan="3"></td> </tr> <tr> <td colspan="3">Copiah</td> <td colspan="3"></td> </tr> <tr> <td>46</td> <td colspan="5">70</td> </tr> <tr> <td colspan="3" style="text-align: center;">C. CITY OR TOWN</td> <td style="text-align: center;">D. STATE</td> <td style="text-align: center;">E. ZIP CODE</td> <td style="text-align: center;">F. COUNTY CODE</td> </tr> <tr> <td style="width: 5%;">C</td> <td colspan="2">Crystal Springs</td> <td style="width: 10%;">MS</td> <td style="width: 15%;">39059</td> <td style="width: 10%;">15</td> </tr> <tr> <td>6</td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>16</td> <td>40</td> <td>41 42</td> <td>47 51</td> <td>52 54</td> </tr> </table> |                          |   |                                     |   |                | A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER |           |                         |                            |   |  | C | 23086 Highway 51         |     |       |      |    | 5 |  |  |    |  |  | 15 | 16 | 45 |       |       |       | B. COUNTY NAME  |  |  |          |             |  | Copiah |                 |  |    |       |  | 46 | 70 |  |  |  |  | C. CITY OR TOWN |    |    | D. STATE | E. ZIP CODE | F. COUNTY CODE | C | Crystal Springs |  | MS | 39059 | 15 | 6 |  |  |  |  |  | 15 | 16 | 40 | 41 42 | 47 51 | 52 54 |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | 23086 Highway 51         |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 5   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16                       | 45  |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| B. COUNTY NAME  |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| Copiah  |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 46  | 70                       |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C. CITY OR TOWN   |                          |   | D. STATE                            | E. ZIP CODE   | F. COUNTY CODE |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| C   | Crystal Springs          |   | MS                                  | 39059   | 15             |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 6   |                          |   |                                     |   |                |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |
| 15  | 16                       | 40  | 41 42                               | 47 51   | 52 54          |   |           |                         |                            |   |  |   |                          |     |       |      |    |   |  |  |    |  |  |    |    |    |       |       |       |                 |  |  |          |             |  |        |                 |  |    |       |  |    |    |  |  |  |  |                 |    |    |          |             |                |   |                 |  |    |       |    |   |  |  |  |  |  |    |    |    |       |       |       |

ORIGINAL



CONTINUED FROM THE FRONT

**VII. SIC CODES** (4-digit, in order of priority)

| A. FIRST |                     |    |  |  |  |  |  |  |  | B. SECOND |           |    |  |  |  |  |  |  |  |
|----------|---------------------|----|--|--|--|--|--|--|--|-----------|-----------|----|--|--|--|--|--|--|--|
| C        | 2011 (specify)      |    |  |  |  |  |  |  |  | 7         | (specify) |    |  |  |  |  |  |  |  |
| 7        | Meat Packing Plants |    |  |  |  |  |  |  |  | 7         |           |    |  |  |  |  |  |  |  |
| 15       | 16                  | 17 |  |  |  |  |  |  |  | 15        | 16        | 17 |  |  |  |  |  |  |  |
| C. THIRD |                     |    |  |  |  |  |  |  |  | D. FOURTH |           |    |  |  |  |  |  |  |  |
| C        | (specify)           |    |  |  |  |  |  |  |  | 7         | (specify) |    |  |  |  |  |  |  |  |
| 7        |                     |    |  |  |  |  |  |  |  | 7         |           |    |  |  |  |  |  |  |  |
| 15       | 16                  | 17 |  |  |  |  |  |  |  | 15        | 16        | 17 |  |  |  |  |  |  |  |

**VIII. OPERATOR INFORMATION**

| A. NAME   |                   |  |  |  |  |  |  |  |  | B. Is the name listed in Item VIII-A also the owner?                |  |  |  |  |  |  |  |  |  |
|---|-------------------|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| C   | James Wilson, Jr. |  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |  |  |  |  |  |  |
| 8   |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 18  | 19                |  |  |  |  |  |  |  |  | 55  |  |  |  |  |  |  |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)    |                   |  |  |  |  |  |  |  |  | D. PHONE (area code & no.)  |  |  |  |  |  |  |  |  |  |
| F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE<br>S = STATE O = OTHER (specify) |                   |  |  |  |  |  |  |  |  | C A 601 892 2951<br>15 16 18 19 21 22 25                            |  |  |  |  |  |  |  |  |  |
| P (specify)   |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 56  |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |

**E. STREET OR PO BOX**

23086 Highway 51 South

| F. CITY OR TOWN |                 |    |  |  |  |  |  |  |    | G. STATE |    | H. ZIP CODE |  | IX. INDIAN LAND   |  |
|-----------------|-----------------|----|--|--|--|--|--|--|----|----------|----|-------------|--|---|--|
| C               | Crystal Springs |    |  |  |  |  |  |  |    | MS       |    | 39059       |  | Is the facility located on Indian lands?                            |  |
| B               |                 |    |  |  |  |  |  |  |    |          |    |             |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 15              | 16              | 40 |  |  |  |  |  |  | 42 | 42       | 47 | 51          |  |   |  |

**X. EXISTING ENVIRONMENTAL PERMITS**

| A. NPDES (Discharges to Surface Water)   |    |    |           |    |  |  |  |    |    | D. PSD (Air Emissions from Proposed Sources) |    |    |           |  |  |  |  |  |  |
|--|----|----|-----------|----|--|--|--|----|----|--|----|----|-----------|--|--|--|--|--|--|
| C  | T  | I  | MS0037338 |    |  |  |  |    |    | C  | T  | 8  |           |  |  |  |  |  |  |
| 9  | N  |    |           |    |  |  |  |    |    | 9  | P  |    |           |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18        | 30 |  |  |  | 15 | 16 | 17   | 18 | 30 |           |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |    |    |           |    |  |  |  |    |    | E. OTHER (specify)                           |    |    |           |  |  |  |  |  |  |
| C  | T  | I  |           |    |  |  |  |    |    | C  | T  | 8  | (Specify) |  |  |  |  |  |  |
| 9  | U  |    |           |    |  |  |  |    |    | 9  |    |    |           |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18        | 30 |  |  |  | 15 | 16 | 17   | 18 | 30 |           |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |    |    |           |    |  |  |  |    |    | E. OTHER (specify)                           |    |    |           |  |  |  |  |  |  |
| C  | T  | I  |           |    |  |  |  |    |    | C  | T  | 8  | (Specify) |  |  |  |  |  |  |
| 9  | R  |    |           |    |  |  |  |    |    | 9  |    |    |           |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18        | 30 |  |  |  | 15 | 16 | 17   | 18 | 30 |           |  |  |  |  |  |  |

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS** (provide a brief description)

Slaughter and processing beef, pork, and deer.

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 MDEQ

**XIII. CERTIFICATION** (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) |  |  |  |  |  |  |  |  |  | B. SIGNATURE     |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| James Wilson, Jr.                        |  |  |  |  |  |  |  |  |  | James Wilson Jr. |  |  |  |  |  |  |  |  |  | 12-30-2022     |  |  |  |  |  |  |  |  |  |

**COMMENTS FOR OFFICIAL USE ONLY**

|    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ORIGINAL

## NO EXPOSURE CERTIFICATION

### Facility/Site Location Information (Continued)

3. Latitude: 31° 57' 48.5" Longitude: -90° 22' 33.8 "

4. Nearest named receiving stream: Unnamed tributary of Turkey Creek

5. Was the facility or site previously covered under an NPDES storm water permit? ☐ Yes ☒ No

If yes, enter the NPDES permit or coverage number: \_\_\_\_\_

6. Does this facility have other environmental permits? ☒ Yes ☐ No

If yes, provide type (Air, Hazardous Waste, NPDES, Pretreatment, State Operating) and permit number

MS0037338

7. SIC/Activity Codes: Primary: 2011 Secondary (if applicable): \_\_\_\_\_

### Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future?  
(Please check either "Yes" or "No".)

|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Materials or residuals on the ground or in storm water inlets from spills/leaks   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Materials or products from past industrial activity   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Material handling equipment (except adequately maintained vehicles)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Materials or products during loading/unloading or transporting activities   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Materials or products handled/stored on roads or railways owned or maintained by the discharger   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Application or disposal of process wastewater (unless otherwise permitted)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answer "Yes" to any of these questions (1) through (11), you are **not** eligible for the no exposure exclusion and must be covered by an NPDES Storm Water Permit (individual permit or coverage under a general permit.)

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