1. 2097





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 Operate (All correspondence will		ress).
1. Contact Name: <u>James Wilson</u> , Jr.	2. Phone Num	ber: 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 Loca (<u>If no street address exists, pro</u> <u>le.g., Intersection of Routes 9 and 55</u>	ovide the nearest na	
1. Facility Name: Wilson's Slaughterhouse		
2. Street Address: 23086 Highway 51		
City: Crystal Springs		CCE VE
Zip Code: <u>39059</u>	M n	AN 3 2023

MDEQ

0.0

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 Name¹: James Wilson, Jr.

Print Title¹: Owner

Signature¹: James Wilson, Jr.

Date: James Wilson, Jr.

ORIGINAL

JAN 3 2023

This certification shall be signed according to the State Wastewater Permit Regulations, as follows

For a corporation, by a responsible corporate officer.

For a sole proprietorship, by the proprietor.

Instructions and Additional Information

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

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 x 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 x 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 $45.1234567 = 45^{\circ} 7' 24"$.

Please type or print in the unshaded areas only

EPA ID Number (Copy from Item 1 of Form 1)

MS0037338

Form Approved
OMB No. 2040-0086
Approvel expires 8-31-98

Form

2C



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

utfa		

For this outfall, list the latitude and longitude, (degrees, min.xxxx) and name of the receiving water(s)

Outfall		Latitude		Longitude	Receiving Water (name)
Number (list)	Deg	Min	Deg	Min	
001	31	57.808	-90	22.563	Unnamed tributary of Turkey Creek
			 		
	ł				
			<u> </u>	<u> </u>	
1	İ		1		

II. Flows, Sources of Pollution, and Treatment Technologies

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed description in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictoral description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. Outfail No.	2. Operations Contr	ibuting Flow	3, Treatment					
(list)	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES F	ROM TABLE 2C-1			
001	process water	2000 gpd	wash/rinse	3G	3C			
001	sanitary wastewater	500	sanitary	3G	3C			
		A CONTRACTOR OF THE CONTRACTOR						

CONTINUED	FROM THE FRO	NT							
	torm runoff, leaks, o						or seasonal?		
	YES (complete the I	following ta		UENCY N	O (go to Section	<i>III)</i>	4. FLOW		
1. OUTFALL	2. OPERATIO	N(e) -	a. DAYS	b. MONTHS	a. FLO	WRATE	b. TOTAL	VOLUME	
NUMBER	CONTRIBUTING		PER WEEK	PER YEAR		mgd)	(specify w		c. DUR- ATION
(list)	(list)		(specify	(specify	1. LONG TERM	2. MAXIMUM	1. LONG TERM	2 MAXIMUM	(in days)
			average)	average)	AVERAGE	DAILY	AVERAGE	DAILY	
·									
				ļ	ļI				
				<u> </u>					
				<u> </u>	 		<u></u>		
			·						
									
			 · 						
III. PRODUC	TION								
	effluent guideline lim	itation pron	nulgated by F	PA under Sectio	n 304 of the Cle	an Water Act an	nly to your facility	n	रिक्षा १ सम् सुरक्षि
	XES (complete				O (go to Section				
	nitations in the appli		ent guideline e				re of operation)?		4 18 4.4
	YES (complete	Item III-C)		□ N	O (go to Section	IV)			
C. If you ans	wered "yes" to Item	III-B, list th	e quantity wh	ich represents a	n actual measur	ement of your le	vel of production,	expressed in t	he terms
and units	used in the applicab			AILY PRODU				l 2 AFF	ECTED
118		1.7	TVLIMOLL	ALTRODO	SHON				FALLS
a. QUANTITY PER	DAY b. UNITS OF	MEASURE		c. OPEF	PATION, PRODUCT,	MATERIAL, ETC.		(list outfa	ll numbers)
8215	lbs/d	day	I ive wei	ght kill, lives	(specify)				01
02.0	1207	<u> </u>	2770 770	grie min, nvoc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
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						······································			
			<u> </u>						
			1						
							·····		
IV. IMPROVE	MENTS								
A. Are you	now required by a	ny Federal	State, or loc	al authority to r	neet any implei	mentation sched	lule for the cons	truction, upgra	ding, or
operation	n of wastewater treatication? This inclu	tment equip	oment or prac	tices or any othe	r environmental	programs which	n may affect the d	lischarges desc	cribed in
	letters, stipulations						inont olders, en	norcemont con	piano
			ES (complete	the following ta	ble)	⊠ NO (g	o to Item IV-B)		
1. IDENTIFICATI	ON OF CONDITION.	2	AFFECTED O	UTFALLS	9 00				, FINAL JANCE D'ATE
	MENT, ETC.	a. No	b. SOURCE	OF DISCHARGE	3. BK	IEF DESCRIPTION	N OF PROJECT	a. REQ-	
								UIRED	JECTED
		<u> </u>	_						
		 	 		 				
-		 							
			ļ		 				
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		 -	 		 				
R OPTION	AL: You may attac	h additions	l cheste des	rihing any addit	ional water nell-	ition control nea	grame for other	envimomentel	nmierte
	ay affect your discha								
and indic	ate your actual or p	lanned sch					ONTROL BROG		01 IFB

CONTINUED FROM PAGE 2

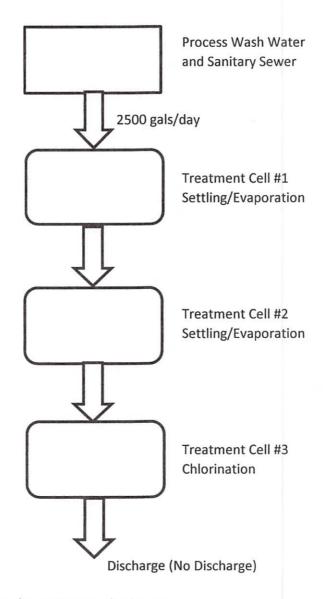
data in your possession.	outfall. For every pollutant you list, brief		
1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
		 	
~		 	
OTENTIAL DISCHARG	SES NOT COVERED BY ANALYSIS		
any pollutant listed in Item	V-C a substance or a component of a su		anufacture as an intermediate or fina
roduct or byproduct?	YES (list all such pollutants b	orland No.	(go to Item VI-B)
	TEG (list all such poliutarits b	Z NO	go to item vi-b)

CONTINUED FROM THE	FRONT			
VII. BIOLOGICAL TOXICI				
receiving water in relation to	or reason to believe that any biological test for reason to be a second test for reason test	or acute or chronic toxicity h	as been made or	any of your discharges or on a
	YES (identify the test(s) and describe the	ir purpose below)	NO (g	o to Section VIII)
VIII. CONTRACT ANALYS	SIS INFORMATION			
	orted in Item V performed by a contract labo			
	(list the name, address, and telephone num analyzed by, each such laboratory or firm b		NO (go to Se	ction IX)
A. NAME	B. ADDRESS	C. TEL	EPHONE	D. POLLUTANTS ANALYZED
Magnolia Scientific	6068 US HWY 98 West	(601) 794-6	ode & no.)	all (list)
magnona Scientific	Hattiesburg, MS 39402	(001) 794-0	051	all
	nataessarg, mo 05402	()		
		()	1	
		()		
		()		
		()		
		()		
		()		
		()		
		()		
		()		
IX. CERTIFICATION	3294	()		
I certify under penalty of law	that this document and all attachments we			
I certify under penalty of law designed to assure that qua	that this document and all attachments we lified personnel properly gather and evaluat r those persons directly responsible for g	te the information submitted	. Based on my i	nquiry of the person or persons
I certify under penalty of law designed to assure that qua who manage the system o knowledge and belief, true,	lified personnel properly gather and evaluate those persons directly responsible for g accurate, and complete. I am aware that it	te the information submitted pathering the information, t	l. Based on my in the information so	nquiry of the person or persons ubmitted is, to the best of my
I certify under penalty of law designed to assure that qua who manage the system o knowledge and belief, true,	lified personnel properly gather and evaluate or those persons directly responsible for g accurate, and complete. I am aware that to comment for knowing violations.	te the information submitted pathering the information, t there are significant penalti	l. Based on my in the information so es for submitting	nquiry of the person or persons ubmitted is, to the best of my
I certify under penalty of law designed to assure that qua who manage the system o knowledge and belief, true, possibility of fine and impriso	lified personnel properly gather and evaluate or those persons directly responsible for g accurate, and complete. I am aware that to comment for knowing violations.	te the information submitted pathering the information, t	l. Based on my in the information sees for submitting	nquiry of the person or persons ibmitted is, to the best of my false information, including the
I certify under penalty of law designed to assure that qua who manage the system of knowledge and belief, true, possibility of fine and impriso A. NAME & OFFICIAL TITLE James Wilson, Jr.	lified personnel properly gather and evaluate those persons directly responsible for gaccurate, and complete. I am aware that comment for knowing violations. (type or print)	te the information submitted pathering the information, t there are significant penalti	I. Based on my in the information sizes for submitting B. Ph (601)	inquiry of the person or persons submitted is, to the best of my false information, including the HONE NO. (area code & no.) 1) 892-2951 ATE SIGNED
I certify under penalty of law designed to assure that qua who manage the system of knowledge and belief, true, possibility of fine and impriso A. NAME & OFFICIAL TITLE James Wilson, Jr.	lified personnel properly gather and evaluate or those persons directly responsible for g accurate, and complete. I am aware that to comment for knowing violations.	te the information submitted pathering the information, t there are significant penalti	I. Based on my in the information sizes for submitting B. Ph (601)	nquiry of the person or persons ubmitted is, to the best of my false information, including the HONE NO. (area code & no.)

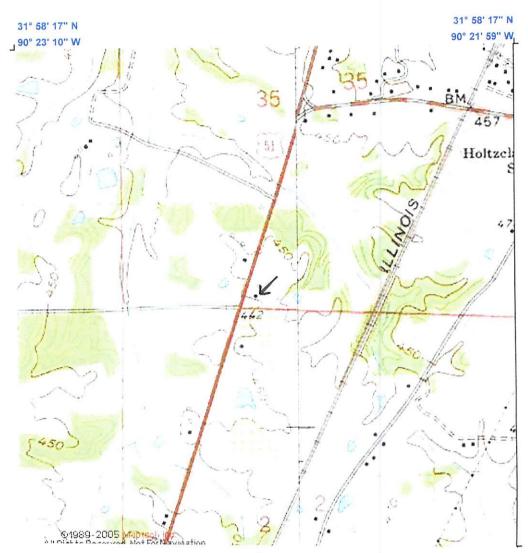
Page MPEQ

PROCESS FLOW DIAGRAM

Wilson's Slaughterhouse Crystal Springs, MS



No Active Discharge due to Evaporative Losses.



Wilson's Slaughterhouse 23068 Highway 51 Crystal Springs, MS

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

PART A - You must prov	ide the resul	is of at least				able. Comp	octo one tabl			and the second state of th	CONTRACTOR AND AND ADDRESS OF A SECOND STATE OF THE PARTY	CONTRACTOR OF THE PROPERTY OF
				2. EFFLUEN				3. UN	STATE OF THE STATE	4. INTAKE (optional)		
1. POLLUTANT	Control of the Contro	UM DAILY LUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF	(specify	if blank)		a. LONG TERM AVERAGE VALUE	
	CONCENTRATI	(2) MASS	(1) CONCENTRATI ON	(2) MASS	CONCENTRATI	(2) MASS	ANALYSIS	a. CONCEN- TRATION	b. MASS	CONCENTRATI ON	(2) MASS	ANALYSES
a. Biochemical Oxygen Demand (BOD)	18			V			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 N	IA	Value N	Ά	Value N	4	1	MGD		Value		
g. Temperature (winter)	Value Value			Value		1	°C		Value			
h. Temperature (summer)	Value /	IA	Value <i>NA</i>		Value N.	A		°(Value		
i. pH	Minimum 6.78	Maximum 6.78	Minimum	Maximum			1	STANDAR	RD 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. POLLUT-	2. MA	RK 'X'		3. EFFLUENT 4. UNITS								5. IN	TAKE (opt	ional)
ANT AND CAS NO. (if available)	a. BE- LIEVE D	VE LIEVE D AB-		UM DAILY LUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM /		d. NO. OF ANALYSIS	(specify if blank)		a. LONG AVERAGE		b. NO. OF
	PRES- ENT	SENT	(1) CONCENTRA TION	(2) MASS	CONCENTRATIO N	(2) MASS	CONCENTRATIO N	(2) MASS	ANALYSIS	a. CONCEN- TRATION	b. MASS	CONCENTRATION	(2) MASS	ANALYSES
a. Bromide (24959-67-9)		\boxtimes		1										
b. Chlorine, Total Residual		\boxtimes	<0.10	1					1	mg/l				
c. Color		\boxtimes												
d. Fecal Coliform	\boxtimes		5100	18	20				1	col/.1L				
e. Fluoride (16984-48-8)		\boxtimes			0									
f. Nitrate- Nitrite (as N)		\boxtimes			-									

ITEM V-B CONTINUED FROM FRONT 2. MARK 'X' 3. EFFLUENT 4. UNITS 5. INTAKE (optional) 1. POLLUTa. BE-LIEVE D PRES-B. BE-LIEVE b. MAXIMUM 30 DAY VALUE c. LONG TERM AVRG. VALUE a. MAXIMUM DAILY (specify if blank) a. LONG TERM ANT AND (if available) b. NO. OF (if available) d. NO. OF AVERAGE VALUE VALUE CAS NO. (if DAB-**ANALYSIS ANALYSES** (1) CONCENTRATI ON (1) CONCENTRATI ON (1) CONCENTRATI ON SENT (1) CONCENTRA a. CONCEN-(2) MASS (2) MASS (2) MASS (2) MASS available) ENT TRATION TION g. Nitrogen, \boxtimes **Total Organic** (as N) h. Oil and \boxtimes <5 1 mg/l Grease i. Phosphorus \boxtimes (as P), Total (7723-14-0) j. Radioactivity (1) Alpha, X Total (2) Bets, \boxtimes Total (3) Radium, \boxtimes Total (4) Radium \boxtimes 226, Total k. Sulfate (as \times SO4) (14808-79-8) I. Sulfide \boxtimes (as S) m. Sulfite (as \boxtimes SO3)(14265-45-3) \boxtimes n. Surfactants o. Aluminum. \boxtimes Total (7429-90-5)p. Barium, \boxtimes Total (7440 - 39 - 3)q. Boron, \boxtimes Total (7440-42-8)r. Cobalt. \boxtimes Total (7440-48-4)s. Iron, Total \boxtimes (7439-89-4)t. Magnesium, \boxtimes Total (7439-95-4) u. Molybdenum, \boxtimes Total (7439-98-7) v. Manganese, \times (7439-96-5) w. Tin, Total \boxtimes (7440-31-5)x. Titanium, \boxtimes Total

(7440-32-6)

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

CONTINUED FROM PAGE 3 OF FORM 2-C

fi fi p d p b	ractions that a ractions), man provide the res discharged in collutants which priefly describe	apply to your in k "X" in column cults of at least concentrations th you know o	ndustry and in 2-b for ea t one analys of 10 ppb or r have reason the pollutar	Il contains process for ALL toxic meta ach pollutant you krais for that pollutant or greater. If you mon to believe that y at is expected to be	als, cyanides, now or have r . If you mark nark column 2 ou discharge	and total pheno eason to believe column 2b for ar b for acrolein, ac in concentration	ls. If you are resist present. Many pollutant, you crylonitrile, 2,4 cs of 100 ppb or	not required to a ark "X" in colunt u must provide a dinitrophenol, or greater. Other	mark column on 2-c for each the results of 2-methyl-4, forwise, for poll	2-a (secondary ch pollutant you at least one and 6 dinitrophenol, utants for which	industries, no believe is abs alysis for that p you must prov you mark col	inprocess was sent. If you modulutant. If you ride the result umn 2b, you	stewater outfalls eark column 2a ou know or have s of at least one must either sub	, and non-req for any polluta reason to be analysis for mit at least or	ruired GC/MS ant, you must lieve it will be each of these ne analysis or
1. POLLUT-		2. MARK 'X'	mems.			3.1	FFLUENT				4. U	NITS	5. IN	AKE (opt	ional)
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	a. MAXIMUM DA	ILY VALUE	b. MAXIMUM 3 (if ava	O DAY VALUE	c. LONG TE VAL (if ava	UE	d. NO. OF ANALYSI		if blank)	a. LONG AVERAG	TERM	b. NO. OF ANALYSE
available)				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	S	a. CONCEN- TRATION	b. MASS	CONCENTRA TION	(2) MASS	S
METALS, CY	ANIDE, AN	TOTAL PI	HENOLS												
1m. Antimony, Total (7440-36-0)															
2M. Arsenic, Total (7440-38-2)			\boxtimes												
3M. Beryllium, Total (7440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M Chromium, Total (7440-47-3)															
6M Copper, Total (7440-50-8)															
7M lead, Total (7439-92-1)			\boxtimes												
8M Mercury, Total (7439-97-6)															
9M Nickel, Total (7440-02-0)															
10M Selenium, Total (7782-49-2)															
11M Silver, Total (7440-22-4)															
12M Thallium, Total (7440-28-0)															
13M Zinc, Total (7440-66-6)				27											
14M Cyanide, Total (57-12-5)				9											
15M Phenois, Total			\boxtimes												
DIOXIN															
2,3,7,8-Tetra- chlorodibenzo- P-Dioxin (176401-6)				DESCRIBE RE	ESULTS										

CONTINUED FROM THE FRONT

1. POLLUT-		2. MARK 'X'					EFFLUENT				4. U		5. INTAKE (opt		tional)
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	a. MAXIMU VAL			30 DAY VALUE iilable)	c. LONG TE VAL (if avai	UE	d. NO. OF ANALYSI	(specify	if blank)	a. LONG AVERAG	TERM	b. NO. OF
available)				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	S	a. CONCEN- TRATION	b. MASS	CONCENTRA (2) MASS	S	
GC/MS - VOL	ATILE CON	/POUNDS													
1V. Acrolein (107- 02-8)					AND DESCRIPTION OF THE CONTRACTOR										
2V. Acrylonitrille (107-13-1)			\boxtimes											· · · · · · · · · · · · · · · · · · ·	
3V. Benzene (71-43-2)			\boxtimes												
4V. Bis (Chloro- methyl) Ether (542- 88-1)			\boxtimes												
5V. Bromoform (75-25-2)			\boxtimes												
6V. Carbon Tetrachloride (56-23-5)			\boxtimes												
7V. Chlorobenzene (108-90-7)			\boxtimes												
8V. Chlorodi- bromomethane (124-48-1)			\boxtimes												
9V. Chloroethane (75-00-3)			\boxtimes												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			\boxtimes												
11V. Chloroform (67-66-3)			\boxtimes												
12V. Dichloro- bromoethane (75-27-4)			\boxtimes												
13V. Dichloro- difluoromethane (75-71-8)			\boxtimes												
14V. 1,1-Dichloro- ethane (75-27-3)			\boxtimes												
15V. 1,2-Dichloro- ethane (107-06-2)			\boxtimes												
16V. 1,1-Dichloro- ethylene (7535-4)			\boxtimes												
17V. 1,2-Dichloro- propane (78-87-5)			\boxtimes												
18V. 1,3-Dichloro- propylene (542-75-6)			\boxtimes												
19V. Ethylbenzene (100-41-4)			\boxtimes												
20V. Methyl Bromide (74-83-9)			\boxtimes												
21V. Methyl Chloride (74-87-3)			\boxtimes												

EPA I.D. NUMBER (copy from Item 1 of Form 1) OUTFALL NUMBER MS0037338 O01

1. POLLUT-		2. MARK 'X'				3.	EFFLUEN	Т		007	4. U	NITS	5. INT	AKE (opti	onal)
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-	c. BE- LIEVED ABSENT	a. MAXIMU VAL		b. MAXIMUM 3 (if avai		c. LONG TE VAL (if ava	UE	d. NO. OF ANALYSI	(specify	if blank)	a. LONG AVERAGE	TERM	b. NO. OF ANALYSE
available)	GOINES	SENT	ABOEN	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	S	a. CONCEN- TRATION	b. MASS	CONCENTRATI ON	(2) MASS	S
GC/MS - VOL	ATILE CON	POUNDS (continued)												
22 V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetra- Chloroethane (79- 34-5)			\boxtimes												
24V. Tetrachloro- ethylene (127-18-4)			\boxtimes												
25V. Toluene (108-88-3)			\boxtimes												
26V. 1,2-Trans- Dichloroethylene (156-60-5)			\boxtimes												
27V. 1,1,1-Tri- chloroethane (71-55-6)			\boxtimes												
28V. 1,1,2-Tri- chloroethane (79-00-5)			\boxtimes												
29V. Trichloro- ethylene (79-01-6)			\boxtimes												
30V. Trichloro- fluoromethane (75-69-4)			\boxtimes												
31V. Vinyl Chloride (75-01-4)			\boxtimes					_							
GC/MS FRAC	TION - ACII	COMPOU	INDS												
1A. 2- Chlorophenol (95-57-8)															
2A. 2,4-Dichloro- phenol (120-83-2)			\boxtimes												
3A. 2,4-Dimethyl- phenol (105-67-9)			\boxtimes												
4A. 4,6-Dinitro-O- cresol (534-52-1)															
5A. 2,4-Dinitro- phenol (51-28-5)			\boxtimes												
6A. 2-Nitro-phenol (88-75-5)			\boxtimes												
7A. 4-Ntro-phenol (100-02-7)			\boxtimes									l.			
8A. P-Chloro-M- Cresol (59-50-7)			\boxtimes												
9A. Penta- chlorophenol (87-86-5)			\boxtimes											.4	
10A. Phenol (108-95-2)			\boxtimes	9		7									
11A. 2,4,6-Tri- chlorophenol (88-06-2)			\boxtimes	2				周雪							

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1. POLLUT- 2. MARK 'X'						EFFLUEN					NITS	5. INT	AKE (opti	onal)	
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	a. MAXIMU VAL		b. MAXIMU VAL (if ava	.UE	(if ava	RM AVRG. .UE ilable)	d. NO. OF ANALYSI		if blank)	a. LONG AVERAGE	TERM	b. NO. O
available)				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	S	a. CONCEN- TRATION	b. MASS	CONCENTRATI ON	(2) MASS	S
GC/MS FRAC	TION - BAS	SE/NEUTRA	L COMPOU	NDS											
1B. Acenphthene (83-32-9)			\boxtimes												
2B. Acenaphtylene (208-96-8)			\boxtimes												
3B. Anthracene (120-12-7)			\boxtimes												
4B. Benzidine (92-87-5)			\boxtimes												
5B. Benzo (a) Anthracene (56-55-3)			\boxtimes												
6B. Benzo (a) Pyrene (50-32-8)			\boxtimes												
7B. 3,4-Benzo- fluoranthene (205-99-2)			\boxtimes												
8B. Benzo (ghi) Perylene (191-24-2)			\boxtimes												
9B. Benzo (k) Fluoranthene			\boxtimes												
(207-08-9) 10B. Bis (2- Chloroethoxy)							***************************************								
Methane (111-91-1) 11B. Bis (2-Chloro-								ļ		-					
ethyl) Ether (111-44-4)			\boxtimes												
12B. Bis (2- Chloroisopropyl) Ether (108-60-1			\boxtimes												
13B. Bis(2-Ethyl- hexyl) Phthalate (117-81-7)			\boxtimes												
14 B. 4-Bromo- phenyl Phenyl Ether (101-55-3)			\boxtimes												
15B Butyl Benzyl Phthalate (85-68-7)			\boxtimes				2 2 2								
16B, 2-Chloro- naphthalene			\boxtimes												
(91-58-7) 17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			\boxtimes												
18B. Chrysene (218-01-9)															
19B. Dibenzo (a,h) Anthracene															
(53-70-3) 20B. 1,2-Dichloro- benzene										1					
(95-50-1) 21B. 1,3-Dichloro- benzene				-	0										
(541-73-1)					77				L		L				

EPA I.D. NUMBER (copy from Item 1 of Form 1) MS0037338 OUTFALL NUMBER 001 **CONTINUED FROM PAGE V-6**

2. MARK 'X' EST- I RE- I RE- I RE- LIEVED PRE-SENT UTRAL COMPOU	c. BE- LIEVED ABSENT	(1) CONCENT- RATION	UM DAILY LUE (2) MASS	b. MAXIMUM 3 (if ava		c. LONG T	ERM AVRG. LUE ailable)	d. NO. OF ANALYSI	4 if b		a. LONG AVERAGE		b. NO. O
UTRAL COMPOU	ABSENT NDS (contin	(1) CONCENT- RATION	1			(if ava	ailable)	ANALYSI	- CONCEN		AVERAGE	VALUE	D. NO. C
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		nued)					(2) MASS		TRATION	b. MASS	(1) CONCENTRATI ON	(2) MASS	
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1. POLLUT-	FROM THE FRONT 2. MARK 'X'					2.	EFFLUEN'				3. UN	IITS	4. IN	ional)	
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 3 (if ava		(if ava	ERM AVRG. LUE illable)	d. NO. OF ANALYSIS	(specify if blank)		a. LONG AVERAG	TERM	b. NO. OF ANALYSES
available)				(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS		a. CONCEN- TRATION	b. MASS	CONCENTRA TION	(2) MASS	
GC/MS FRAC	TION - BAS	SE/NEUTRA	L COMPOU	NDS (continue	ed)										
43B. N-Nitro- sodiphenylamine (86-30-6)			\boxtimes												
44B. Phenanthrene (85-01-/			\boxtimes												
45B. Pyrene (129-00-0)			\boxtimes												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			\boxtimes												
GC/MS FRAC	TION - PES	STICIDES													
1P. Aldrin (309-00-2)			\boxtimes												
2P. α-BHC (319-84-6			\boxtimes												
3P. β-Bhc (319-85-7)			\boxtimes												
4P. γ-BHC (58-89-9)			\boxtimes												
5P. 8-BHC (319-86-8)			\boxtimes												
6P. Chlordane (57-74-9)			\boxtimes												
7P. 4,4'-DDT (50-29-3)			\boxtimes												
8P. 4,4'-DDE (72-55-9)			\boxtimes												
9P. 4,4'-DDD (72-54-8)			\boxtimes												
10P. Dieldrin (60-57-1)			\boxtimes												
11P. α-Endo-sulfan (115-29-7)			\boxtimes												
12P. β-Endo-sulfan (115-29-7			\boxtimes												
13P. Endosulfan Sulfate (1031-07-8)			\boxtimes												
14P. Endrin (72-20-8)			\boxtimes												
15P. Endrin Aldehyde (7421-93-4)			\boxtimes												
16P. Heptachlor (76-44-8)			\boxtimes												



CONTINUED FROM PAGE V-6 EPA I.D. NUMBER (copy from Item 1 of Form 1)

MS0037338

OUTFALL NUMBER

		STORY AND RESERVED TO THE STORY			INIO	0037330				001					
1. POLLUT-		2. MARK 'X'				3.	EFFLUEN	T			4. UN	VITS	5. IN	TAKE (op	tional)
ANT AND CAS NO. (if	a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE-	c. BE- LIEVED ABSENT		a. MAXIMUM DAILY VALUE		IM 30 DAY .UE ilable)	c. LONG TE VAI (If ava		d. NO. OF ANALYSI	(specify if blank)			E VALUE	b. NO. OF ANALYSES
available)		SENT		(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS	S	a. CONCEN- TRATION	b. MASS	CONCENTRA TION	(2) MASS	
GC/MS - PES	TICIDES (c	ontinued)													
17P. Heptachlor Expxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)			\boxtimes												
20P. PCB-1221 (11104-28-2)			\boxtimes												
21P. PCB-1232 (11141-16-5)			\boxtimes												
22P. PCB-1248 (12672-29-6)			\boxtimes												
23P. PCB-1260 (11096-82-5)			\boxtimes												
24P. PCB-1016 (12674-11-2)			\boxtimes												
25P. Toxa-phene (8001-35-2)			\boxtimes		10										

Please print or type in the unshaded areas only	
rease print of type in the unshaded areas only	For Approved OMP No. 2040 0006. Approved expires 5.31-02
(fill in armond transport for alita type in 12 characters/inch)	For Approved. OMB No. 2040-0086. Approval expires 5-31-92

FORM	te type, i.e., 12 chan	U.S.	ENVIR	ONMENTAL P				STATE OF THE PARTY	I. EPA	I.D. NU	MBE	3	
1 3F	PA			RAL INI					F MS	00373	38		T/A C
GENERAL				eral Instru				g.)	1 2			13	14 15
LABEL ITEMS									If a prep	ENERAL printed a	INSTR	S beer	n provided,
I. EPA I.D. NUMBER			~ E	= 1 7/1 1	E	[a]			affix it in information	the designation care	inated s fully; i	space. f any it and	Review the of it is lenter the
III. FACILITY NAME				3 4 0					correct of below. A absent (ata in the lso, if any the area	of the	preprii	n provided, Review the of it is I enter the fill-in area nted data is of the label
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II. POLLUTANT CHAR. INSTRUCTIONS: Complete		mine w	hothor	way pand to	cub	mit any ner	mit applier	ation for	me to the	EDA I	vou ar	swer '	ves" to any
questions, you must submit the supplemental form is attacted excluded from permit requirer	nis form and the supported of the support of the su	olemen	tal fron each of instruc	n listed in the question, you tions. See al	par	enthesis fol	llowing the	question	on. Mark ' ms. You	'X" in the may ans	box in wer "no	the thi	rd column if ur activity is
SPECIFIC QUES			MAR	C"X"			PECIFIC C				YES	MARI	C"X"
A. Is this facility a publicly own		YES		ATTACHED	B.	Does or							ATTACHED
which results in a discharg U.S.? (FORM 2A)	ge to waters of the					feeding	include a operation facility what the U.S.?	or :	aquatic	animal	19	20	21
C. Is this facility which codischarges to waters of the	urrently results in	16	17	18	D.	Is this prop		(other tha	an those de	escribed		×	
those described in A or B abo E. Does or will this facility treat	ve? (FORM 2C) , store, or dispose of	22	23	24	F.		of the U.S.?	(FORM	2D)		25	26	27
hazardous wastes? (FORM	3)					containing	effluent belowithin one erground so	quarter	mile of	the well			
G. Do you or will you inject	at this facility any	28	29	30	H.	(FORM 4) Do you or v					31	32	33
produced water other fluids the surface in connection wit natural gas production, inj enhanced recovery of oil or	which are brought to th conventional oil or ect fluids used for		\boxtimes			Frasch prod situ combus	cesses such cess, solution stion of foss l energy? (F	n as minir on mining il fuel, or	ng of sulfer of mineral	by the		\boxtimes	
fluids for storage of lic (FORM 4)	quid hydrocarbons?	34	35	36							37	38	39
Is this facility a proposed which is one of the 28 indus in the instructions and which 100 tons per year of any a under the Clean Air Act ar	trial categories listed		\boxtimes		J.	Is this fact which is No listed in the emit 250	cility a proj OT one of the instruction tons per younder the Cl	s and wh	nich will po	tentially		\boxtimes	
located in an attainment are	a? (FORM 5)	40	41	42		or be locate	ed in an atta	inment	are? (FOR	M 5)	43	44	45
SKIP Wilson's S	laughterhouse		100 C	AND ADDRESS				SMERN					
1 15 16-29 30			investe.		Salata S			DESCRIPTION OF			(39	
IV. FACILITY CONTAC	NAME & TITLE (las	t, first,	& title)				В.	PHONE	E (area co	ode & no	.)		
Wilson Jr., James							601	3	392	29	951		
V. FACILITY MAILING						45	46 48	4	9 51	52	55		
C 23086 Highway 5	A. STREET OR P	.O. BO	X										
15 16	CITY OR TOWN				C. :	STATE	D. ZIP	CODE	7				
Crystal Springs					M		39059						
VI. FACILITY LOCATION	ON S			40	41	42	47	51				CP (6)	
A. STREET, RO	OUTE NO. OR OTHE	ER SPE	CIFIC	IDENTIFIER									
5 25000 mgmway 5						45							
Copiah B	. COUNTY NAME												
46	CITY OR TOWN			70		D. STAT	F	. ZIP C	ODE	. COUN	TY COL)F	
C Crystal Springs	OH FOR TOWN					MS		39059	JDL I	15	, , , ,		
15 16				40		41 4	12 4	7	51	52	54		

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II. OPERATOR INFORMATION A. NAME James Wilson, Jr.	II. OPERATOR INFORMATION A. NAME James Wilson, Jr.		C. THIRD		
James Wilson, Jr. Jame	James Wilson, Jr. Section James Wilson, Jr. Jame	7	(specify)		(specify)
James Wilson, Jr.	James Wilson, Jr. Status OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify) D. PHONE (area code & mc) YES NO NO NO NO NO NO NO N		and the same of th	15 16 19	
James Wilson, Jr. STATUS OF OPERATOR, [Enter the appropriate letter into the answer box: if "Other," specify.) D. PHONE (area code & no.) F. CITY OR TOWN C. STATE J. T.	James Wilson, Jr. 18 19 19 19 19 19 19 19	III. UPERA		NAME	B. Is the name listed in
FIGURAL OF OPERATOR (Enter the appropriate letter into the answer box, if "Other," specify.) FIGURAL PUBLIC (bett man federal or state) PRIVATE STATE O = OTHER (specify) F. CITY OR TOWN F. CITY OR TOWN G. STATE A. NPDES (Discharges to Sufface Water) A. NPDES (Discharges to Sufface Water) D. PSD (Air Emissions from Proposed Sources) F. CITY OR TOWN O = T S S S S S S S S S	STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify). STATE No = PUBLIC (both than federal or state) P (specify) STATUS OF OTHER (specify) F. CITY OR TOWN G. STATE H. ZIP CODE IX. INDIAN LAND Crystal Springs MS 39059 Is the facility located on Indian lands? F. CITY OR TOWN G. STATE H. ZIP CODE IX. INDIAN LAND CRYSTAL Springs A NPDES (Discharges to Surface Water) NO SDI Air Emissions from Proposed Sources) F. CITY OR TOWN S. J. STATE Springs A NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources) F. CITY OR TOWN S. J. STATE Specify) S. D. UC (Underground Injection of Fluids Springs) S. D. C. RCRA (Hazardous Wastes) S. D. W. D. W. D. States (Parker) S. D. W. D. States (Parker) S		Manage to the state of the stat		VIII-A also the owner ⊠ YES □ NO
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T 1 MS0037338	B. UIC (Underground Injection of Fluids C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. T. B. OTHER (specify) (Specify) (Specify) (Specify) (Specify) (Specify) (Specify) (Specify) C. T. B. OTHER (specify) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) C. RCRA (Hazardous Wastes) C. T. B. OTHER (specify) (Specif			D. PSD (Air Emissions from	Proposed Sources)
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NO EXPOSURE CERTIFICATION

Facility/Site Location Information (Continued)		
3. Latitude: 31° 57 ' 48.5" Longitude: -90° 22' 33.8 "		
4. Nearest named receiving stream: <u>Unnamed tributary of Turkey Creek</u>		
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
 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 		
2. Materials or residuals on the ground or in storm water inlets from spills/leaks		
3. Materials or products from past industrial activity		
4. Material handling equipment (except adequately maintained vehicles)		
5. Materials or products during loading/unloading or transporting activities		
 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) 		
7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers		
8. Materials or products handled/stored on roads or railways owned or maintained by the discharger		
9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])		ď
10. Application or disposal of process wastewater (unless otherwise permitted)		ď
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		ď
If you answer "Yes" to any of these questions (1) through (11), you are <u>not</u> eligible for the no and must be covered by an NPDES Storm Water Permit (individual permit or coverage under		