A1:11722



# 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 numerial quality 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, byproducts, 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	
1. Contact Name: Roy Haley Jr.	2. Phone Number: 662-897-0235
3. Legal Company Name: Haley's Winding	;, LLC
4. Mailing Address: Street: P.O. Box 393	
City: Greenwood	State: Zip Code: 38935
5. Email: hwinding @bellsouth. NOT	
Facility/Site Loca ( <u>If no street address exists, pro</u> <u>[e.g., Intersection of Routes 9 and 55</u>	ovide the nearest named road
1. Facility Name: Haley's Winding, LLC	•
2. Street Address: 201 Kettering St.	
City: Greenwood	County: <u>Leflore</u> Zip Code: <u>38930</u>
3. Email: hwinding @ bellsouth. Net	

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# NO EXPOSURE CERTIFICATION

# **Facility/Site Location Information** (Continued) 3. Latitude: 33°29'21.19" Longitude: 90°12'07.50" Source: Map Interpolation 4. Nearest named receiving stream: Walker Lake Caval 5. Was the facility or site previously covered under an NPDES storm water permit? If yes, enter the NPDES permit or coverage number: MSR001269 ☐ Yes 6. Does this facility have other environmental permits? If yes, provide type (Air, Hazardous Waste, NPDES, Pretreatment, State Operating) and permit number 7. SIC/Activity Codes: Primary: 36/2 Secondary (if applicable): 3677 **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 Ø 1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using. П 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 M 4. Material handling equipment (except adequately maintained vehicles) 5. Materials or products during loading/unloading or transporting activities 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) V П 7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers $\square$ 8. Materials or products handled/stored on roads or railways owned or maintained by the discharger $\nabla$ 9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters]) M 10. Application or disposal of process wastewater (unless otherwise permitted) $\square$ 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 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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# 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 certification 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>: Roy D. Haley Jr.

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

Signature<sup>1</sup>: Roy D. Kaly Jr.

<sup>1</sup>Certification shall be signed according to the Mississippi Water Pollution Control Regulations (11 Miss. Admin. Code Pt. 6, R. 1.1.2.C(1).)

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 facility entrance 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 ° 7' 24".

Item I.	hem II.					
Facility Name: 5 Clark Farms - Farm#1	Responsible official after transfer or notice that the state of the st					
Location: (Do Not Use P.O. Box)	Name: Kim Phung Nguyen of Thien Tran Le Bui					
	Title: Owner Operator					
Street: 230 Lower Overt Rd	Title: Owner Operator THI THIEN TRAN LE BUI Mailing Address: 5113 S 289th Place Street P.O. Box:					
City Overt State: MS Zip: 39464	Street P.O. Box: 3113 \$ 289th Place					
County: Jones	City: Auburn State: WA Zip: 98001					
Telephone: (601) 319-7042	Telephone ( 206 )619-2574					
Item III.	Item IV.					
Previous Permittee : Summer or Maleom Clark	New Permittee Kim Phung Nguyen or Thein Tran Le Bui					
Marling Address:	Mailing Address: THI THIEN TRAN LE BUI					
Street/P.O. Box: 50 Brown Cemetery Rd.	Street/P.O. Box: 5113 S 289th Place					
City: Overt State: MS Zip: 39464	City: Aubum State: WA Zip: 98001					
Telephone. ( 601 ) 319-7042	Telephone: (206 ) 619-2574					
Item V.	Item VI.					
Industrial Activity SfC Code:	Will Facility Operations Change? YesNo _X					
Brief Description:	If yes, the appropriate applications and permits may require modification prior to change.					
Item VII	Item VIII. THI THIEN TRAN LE BUI					
Will Facility Name Change? Yes No X If Yes, Provide New Name for Permit Coverage. New Name: PhungLe Farm LLC Farm#1	Signature for Name Change Kim Phung Nguyen or Thien Tran Le Bui Print Name					
	Authorized Signature: Title: Owner Operator Date: 01/07/23					
Item IX						
We the undersigned request transfer of permit(s) as	nd/or permit coverage(s) listed on the backside of this					
form.						
From: 5 Clark Farms - Farm#1	March 2023					
To:_ PhungLe Farm LLC - Farm #1	Acquisition Date:					
By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.  Kim Phung Nguyen or Thien Tran Le Bur  Summer or Malcom Clark						
Deint Mary Barmittan Marria	Print Previous Permittee Name					
I'm nower Mibri	Summer Clark					
New Authorized Signature New Owner Q1/04/23	Previous Authorized Signature Previous Owner  1-9-23					
Title Date	Title Date					
A Permittee is a company or individual that has been issued an individual permit or c	overage under a general permit.					
Authorized Signature must be owner or in the case of a corporation, a corporate						
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Dept. of Environmental Quality

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Miss	sissippi Small Do	omesti	Permit #	REC	FINED					
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	Applicant name (corpo	rations/co	ompanies sh	ould list c	orporate/c	ompany n	ame)			
	Edge wood Park Inc. Is the applicant the owner of facility?									
	Yes	ilei oi ide	illey.	I /	Vo					
S	If no, describe -	F	• •		-	-		4-1		
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Σ	Mobile Home Pa	urk			6515	(?)				
ano	Facility Contact									
0	Name (First and Last)				Title		Phone Number			
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	Email Address						· · · · · · · · · · · · · · · · · · ·			
	Ray baby 59 @ Yahoo, com Facility Mailing Address									
	Street or P.O. Box							4		
	223 Fairways Dr.									
	Victoburg				State M3		39183			
	Facility Location (			ente à service				4		
Facility Location	Street, Route Number, of 2505 Ward		Trail							
y Lc	County Name		Is	this facilit	y located o	n Indian L		4		
illit	Warren			Yes	,		eNo			
Fac	City or Town Vicksburg				State		ZIP code 39180			

	Outfall Number (typically 001 for facilities w	ith MS0050369-001						
	a single discharge point)	110,000,000,000						
	Name of Receiving Stream							
	unhamed tributary of	r' Silver Creek						
	Location of Discharge Point							
	Latitude	Longitude						
tem	32° 20' 11"N	90° 47 11 W						
Syst	Design Flow of treatment Facility							
Receiving Stream and Treatment System	.008	mgd						
atu	Treatment Technology							
Tre	Conventional Lagoon	□ Activated Sludge						
nd	□ Aerated Lagoon	□ Other (describe)						
na	Does this facility disinfect prior to discharge	?						
ear	₩ Yes	□ No						
Str	If Yes, briefly describe method of disinfection	-						
ing	Clatablets to contact cha							
ceiv								
Rec	Is this discharge seasonal or intermittent?							
	⊌Yes	□ No						
	If yes, please describe frequency/duration of discharge							
	Plant flows January, February, November December							
	Is this facility requesting a waiver from reapplication testing? (IE – Data provided on Discharge							
	Monitoring Reports?)							
	eYes 1	□ No (please complete page 3 - Testing)						
	Please list any other environmental permits							
	Certification Statement							
	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							
no	persons who manage the system, or those persons directly responsible for gathering the							
ati	information, the information submitted is, to the best of my knowledge and belief, true,							
THE THE		re are significant penalties for submitting false						
Certification	information, including the possibility of fine a	nd imprisonment for knowing violations.						
	Name (Print or type first and last name)	Title						
	Ray Melancon	OWNER						
	Signature /	Date Signed / /						
	My C. Melanea	1/3/2023						

Please return completed form and necessary attachments to:

Mississippi Department of Environmental Quality Environmental Permits Division PO Box 2261 Jackson, MS 39225-2261