AI: 11722

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

NO EXPOSURE CERTIFICATION for Exclusion from NPDES Storm Water Permitting

RECEIVED
JAN 12 2023
Dept. of Environmental Quality

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: 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: MS Zip Code: 38935
5. Email: hwinding@bellsouth.net

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: Haley's Winding, LLC
2. Street Address: 201 Kettering St.
   City: Greenwood County: Leflore Zip Code: 38930
3. Email: hwinding@bellsouth.net

D.C

NO EXPOSURE CERTIFICATION

Facility/Site Location Information
(Continued)

3. Latitude: 33°29'21.19"N Longitude: 90°12'07.50"W Source: Map Interpolation

4. Nearest named receiving stream: Walker Lake Canal

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: MSR001269

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

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

   _____

   _____

7. SIC/Activity Codes: Primary: 3612 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
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	☐	☑
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	☐	☑
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)	☐	☑
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])	☐	☑
10. Application or disposal of process wastewater (unless otherwise permitted)	☐	☑
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 <u>not</u> eligible for the no exposure exclusion and must be covered by an NPDES Storm Water Permit (individual permit or coverage under a general permit.)

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[1]: Roy D. Haley Jr.

Print Title[1]: Co-Owner

Signature[1]: Roy D. Haley Jr.

Date: 1-10-2023

[1]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.

Facility Name: 5 Clark Farms - Farm#1

Location: (Do Not Use P.O. Box)

Street: 230 Lower Ovett Rd

City: Ovett State: MS Zip: 39464

County: Jones

Telephone: (601) 319-7042

Item II.

Responsible official after transfer or name change

Name: Kim Phung Nguyen or Thien Tran Le Bui

Title: Owner/Operator

THI THIEN TRAN LE BUI

Mailing Address:

Street/P.O. Box: 5113 S 289th Place

City: Auburn State: WA Zip: 98001

Telephone (206) 619-2574

Item III.

Previous Permittee[1]: Summer or Malcom Clark

Mailing Address:

Street/P.O. Box: 50 Brown Cemetery Rd.

City: Ovett State: MS Zip: 39464

Telephone: (601) 319-7042

Item IV.

New Permittee[1]: Kim Phung Nguyen or Thein Tran Le Bui

Mailing Address:

THI THIEN TRAN LE BUI

Street/P.O. Box: 5113 S 289th Place

City: Auburn State: WA Zip: 98001

Telephone: (206) 619-2574

Item V.

Industrial Activity SIC Code:

Brief Description:

Item VI.

Will Facility Operations Change? Yes ____ No X

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes ____ No X

If Yes, Provide New Name for Permit Coverage.

New Name: PhungLe Farm LLC Farm#1

Item VIII.

THI THIEN TRAN LE BUI

Signature for Name Change

Print Name: Kim Phung Nguyen or Thien Tran Le Bui

Authorized Signature[2]: Kim Nguyen Thi Bui

Title: Owner/Operator Date: 01/04/23

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: 5 Clark Farms - Farm#1

To: PhungLe Farm LLC - Farm #1 Acquisition Date: March 2023

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.

THI THIEN TRAN LE BUI

Kim Phung Nguyen or Thien Tran Le Bui

Print New Permittee[1] Name

Summer or Malcom Clark

Print Previous Permittee[1] Name

Kim Nguyen Thi Bui

New Authorized Signature[2]

New Owner

01/04/23

Title Date

Summer Clark

Previous Authorized Signature[2]

Previous Owner

1-9-23

Title Date

[1] A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

[2] **Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.**

Mississippi Small Domestic NPDES Application

(MDEQ USE ONLY)
Permit #
EPA ID #

RECEIVED
JAN 11 2023
DEPT. OF ENVIRONMENTAL QUALITY

The Mississippi Small Domestic Application covers non-municipal, small domestic discharges with no process wastewater discharging to Waters of the State. Per 40 CFR 122.2, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State.

Type of permit action proposed in this application

☐ *New*	☑ *Renewing*	☐ *Modifying*

If modifying, please describe the nature of the modification:

If new, does this submittal include (ALL REQUIRED)	*If new, What is the expected date of Commencement of Discharge*

☐ *Yes*	*USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells*
☐ *Yes*	*Site map detailing location of proposed treatment system and distance to property lines*
☐ *Yes*	*Anti-degradation study*

Name and Mailing Address

Facility name
Edgewood Park

Applicant name (corporations/companies should list corporate/company name)
Edgewood Park Inc.

Is the applicant the owner of facility?
☑ *Yes* ☐ *No*

If no, describe -

Indicate the ownership status of the facility
☑ Private ☐ Public ☐ Federal ☐ Public ☐ Other (describe)

Nature of Business	**SIC or NAICS Code(s)**
Mobile Home Park	6515 (?)

Facility Contact

Name (First and Last)	*Title*	*Phone Number*
Ray Melancon	Owner	601-415-6861

Email Address
Raybaby59@Yahoo.com

Facility Mailing Address

Street or P.O. Box
223 Fairways Dr.

City or Town	*State*	*ZIP code*
Vicksburg	Ms.	39183

Facility Location

Facility Location

Street, Route Number, or other specific identifier
2505 Warriors Trail

County Name	**Is this facility located on Indian Lands?**	
Warren	☐ *Yes*	☑ *No*

City or Town	*State*	*ZIP code*
Vicksburg	MS	39180

Revised 12/12/19

Receiving Stream and Treatment System		
	Outfall Number (typically 001 for facilities with a single discharge point)	MS0050369-001
	Name of Receiving Stream	
	unNamed tributary of Silver Creek	
	Location of Discharge Point	
	Latitude 32° 20' 11" N	*Longitude* 90° 47' 11" W
	Design Flow of treatment Facility	
	.008 mgd	
	Treatment Technology	
	☑ *Conventional Lagoon*	☐ *Activated Sludge*
	☐ *Aerated Lagoon*	☐ *Other (describe)*_____
	Does this facility disinfect prior to discharge?	
	☑ *Yes*	☐ *No*
	If Yes, briefly describe method of disinfection - Cl2 tablets to contact chamber	
	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?)	
	☑ *Yes* ?	☐ *No (please complete page 3 - Testing)*
	Please list any other environmental permits issued to this facility	

Certification		
	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 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.	
	Name (Print or type first and last name) Ray Melancon	*Title* Owner
	Signature Ray A. Melancon	*Date Signed* 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