

## **BASELINE NOTICE OF INTENT (BNOI)**

## FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 \_\_ \_\_ \_\_

(NUMBER TO BE ASSIGNED BY STATE)

#### **INSTRUCTIONS**

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE	APPLICANT IS:	<b>✓</b> OWNER	ODEDATOD	DI EASE CHECK	ONE OD DOTII)
	APPLICANT IS:	VOWNER	<b>✓</b> OPERATOR	(PLEASE CHECK	ONE OR ROLH)

#### **OWNER INFORMATION**

Owner Contact Name: Douglas Clark	Position: NA EHS Leader
Owner Company Name: Cargill Animal Nutrition & Hea	lth
Owner Street (P.O. Box): 15407 McGinty Road W., MS	#14
Owner City: Wayzata	State: MN Zip: 55391
Owner Phone Number: (612) 840-1611 Owner	r Email: douglas_clark@cargill.com

#### **OPERATOR INFORMATION** (if different than owner)

Operator Contact Name: Bill Durbin		Position: Plant Manager
Operator Company Name: Cargill Feed & Nutr	ition Byhalia	
Operator Street (P.O. Box): 7100 Highway 178	West	
Operator City: Byhalia	State: MS	<b>Zip:</b> 38611
Operator Phone Number: (66) 838-1462	Operator Email: bill_du	rbin@cargill.com

### **FACILITY INFORMATION**

Facility Name: Cargill Feed & Nutrition Byhalia					
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):					
SIC Code: 2 0 4 8 Prepared Feed and Feed Ingredients for Animals and Fowls					
Receiving Stream: Barrow Creek					
Is receiving stream on MDEQ's 303(d) List?	☐ Yes ☑ No				
Has a TMDL been established for the receiving stream segment?	☐ Yes ☑ No				
Physical Site Address:					
Street: 7100 Highway 178 West City: Byhalia					
County: Marshall Zip: 388611					
Latitude: 34 degrees 51 minutes 52 seconds Longitude: -89 degrees 39 minutes 13 seconds					
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth					
Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.					
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts?					

# DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? ☐ Yes ☑ No  If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatment, ☐ Water State Operating, ☐ Individual NPDES, or list Other(s):						
How will sanitary sewage be	collected and treated? City sanitar	y sewer				
Indicate any local storm wat approval.	er ordinance with which the facility	must comp	ly and submit any documentation of			
Is treatment of storm water	provided at any outfall? he facility's drainage system inclu	✓ Yes	□ No			
	or surface runoff management prio					
CERTIFICATION  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.						
Signature Must be signed by op	erator when different than owner)	-	5/8/2020 Date Signed			
Bill Durbin Printed Name <sup>1</sup>		-	Plant Manager Fitle			
<ul><li>For a corporation, by a resp</li><li>For a partnership, by a gen</li><li>For a sole proprietorship, b</li></ul>	eral partner.					
After signing please mail to:  Chief, Environmental Permits Division  MS Department of Environmental Quality, Office of Pollution Control  P.O. Box 2261						

Jackson, MS 39225

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