

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

# FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 1 4 8 3 (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 MDEO. Office of Geology at 601-961-5523.

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

OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

State: Zin:

OWNER INFORMATION				
Owner Contact Name: David Patterson	Position: Purchasing Manager			
Owner Company Name: Protein Products, Inc.				
Owner Street (P.O. Box): 4042 Highway 3				
Owner City: Sunflower	State: MS Zip: 38778			
Owner Phone Number: (662) 569-3396	Owner Email: david@ppicorp.com			
OPERATOR INFOR	MATION (if different than owner):			
Operator Contact Name:	Position:			
Operator Company Name:				
Operator Street (P.O. Box):				

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Operator Phone Number: ( ) Operator Email:

Operator City:

THE APPLICANT IS:

#### FACILITY INFORMATION

Facility Name: Protein Products, Inc.					
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and desired SIC Code: 2 0 4 8 Animal Feed Ingredients	(escription):				
Receiving Stream: Quiver River					
Is receiving stream on MDEQ's 303(d) Xist?	☐ Yes ☑ No				
.Has a TMDL been established for the receiving stream segment?	✓ Yes □ No.				
Physical Site Address:					
Street: 1042 Highway 3 City: Sumflower					
County: Sunflower Zip: 3877	<b>Zip:</b> 38778				
Latitude: 33 degrees 29 minutes 28 seconds Longitude: 90 degrees 31 1	minutes 10 seconds				
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of Plant Entrance					
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? Ves No If yes, please attach a list of water priority chemicals present at the facility.					

## DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

	. **		
Is this notice for a facility that will require other permits?	<b>✓</b> :Yes		
M. yes, check which one(s): Air, . Hazardons Waste, . Individual NPDES, or list Other(s):	Pretreatment	, . Water State Oper:	ating,
MS0039888			
How will sanitary sewage be collected and treated? Collect	ted and treated	onsite	
Indicate any local storm water ordinance with which the fa	cility must com	ply and submit any doc	umentation of
<u>N/A</u>			
Is treatment of storm water provided at any outfall?	<b>Yes</b>	<b>⊘</b> ;No	
If yes, please describe:			
CERTIFICA	ATION		
I certify under penalty of law that this document and all attachment accordance with a system designed to assure that qualified personn submitted. Based on my inquiry of the person or persons who man gathering the information, the information submitted is to the best am aware that there are significant penalties for submitting false in imprisonment for knowing-violations.	el properly gathe age the system, o of my knowledge	ered and evaluated the int or those persons directly r e and belief, true, accurate	ormation esponsible for e and complete. I
Signature' (Must be signed by operator) when different than owner	)	3-11-21 Date Signed	
Jeff Gay Printed Name		Vice President Title	

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, T-9, 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, the mayor, or ranking elected official.

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



### Protein Products Inc.

ProteinProductsInc.com

Office: 454 Green Street I Post Office Box 2974 / Gainesville, Georgia 30503 / 770.536.3922 / Fax 770.536.8365 Plant: 1042 Hwy. 3 / Sunflower, Mississippi 38778 / 662.569.3396 / Fax 662.569.3535

March 8, 2021

Chief, Environmental Permits Division

Mississippi Department of Environmental Quality

Office of Pollution Control

Post Office Box 2261

Jackson, Mississippi 39225

RE:

Baseline Notice of Intent

Protein Products, Inc.

Water Reference No. MSR001483

Dear Madam/Sir:

Enclosed please find the referenced Baseline Notice of Intent (BNOI) form. Should you have any questions, please contact Clearwater Consultants at (662) 323-8000. Thank you for your assistance in this matter.

Sincerely,

Jeff Gay, Vice President

PROTEIN PRODUCTS, INC.

Enclosure

Copy ito; David Patterson, Maintenance and Purchasing Manager, Protein Products, Inc.