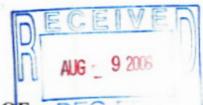
Owner Contact Name: Mr. David Allen





Position: President

# MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) BASELINE NOTICE OF INTENT (BNOI)

#### FOR COVERAGE UNDER BASELINE STORM WATER GENERAL NPDES PERMIT MSR 110073

(NUMBER TO BE ASSIGNED BY STATE)

#### INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

### THE APPLICANT IS OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

#### OWNER INFORMATION

Owner Street (P.O. Box): Post Office Box 850	
Owner City: Indianola	State: MS Zip: 3875
Owner Phone Number (Include Area Code):(662) 88	87-5401
OPERATOR INFORMAT	TION (if different than owner)
or and to the first	1014 (II different than owner)
Operator Company Name:	Position:
Operator Contact Name:	Position:
Operator Company Name:	Position:

## FACILITY INFORMATION

ature of Business (Include 4-digit Standard Industrial Classif	ication Code (SIC) and description):
IC Code: 2 0 9 2 Fish, Fresh & Frozen	
eceiving Stream: Big Sunflower River	
hysical Site Address (if not available indicate the nearest name	ed road):
treet:1301 Industrial Parkway	City: _ Indianola
ounty: _ Sunflower	Zip:38751
dicate Any Association or Generic SWPPP: N/A	
ttach a copy of any existing laboratory data for each storm wa erformed, provide a summary for each parameter, including s aximum values.	

# DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):  NPDES MS0035823			
Indicate any local storm water ordinance with which the facility must comply and submit any documentation approval.  N/A			
CERTIFICATI	ON		
I certify under penalty of law that this document and all attachments we accordance with a system designed to assure that qualified personnel prosubmitted. Based on my inquiry of the person or persons who manage to gathering the information, the information submitted is to the best of my am aware that there are significant penalties for submitting false inform imprisonment for knowing violations.	operly gathered and evaluated the information he system, or those persons directly responsible for y knowledge and belief, true, accurate and complete. lation, including the possibility of fine and		
Signature (Must be signed by operator when different than owner)	August 4, 2006  Date Signed		
David Allen	President		
Printed Name <sup>1</sup>	Title		
This application shall be signed according to the General Permit, ACT  - For a corporation, by a responsible corporate officer.  - For a partnership, by a general partner.	13, T-4, as follows:		

P.

After signing please mail to:

P.O. Box 10385 Jackson, MS 39289-0385

**Environmental Permits Division, Office of Pollution Control**