AL#1030







### BASELINE NOTICE OF INTENT (BNOT)

## 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 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	OPERATOR (PLEASE CHECK ONE OR BO
	OWNER	RINFORMATION
Owner Contact Name: Chad Drew		Position: Plant Manager
Owner Company Name: Prot	ein Products, Inc.	
Owner Street (P.O. Box): 104	42 Highway 3	
Owner City: Sunflower		State: MS Zip: 38778
	560 2206	
Owner Phone Number: (662)	) 369-3396	Owner Email: chadd@ppicorp.com
OPER	ATOR INFOR	MATION (if different than owner)
OPER Operator Contact Name:	ATOR INFOR	MATION (if different than owner)
OPER Operator Contact Name: Operator Company Name:	ATOR INFOR	Position:

### **FACILITY INFORMATION**

Facility Name: Protein Products, Inc.			
Nature of Business (Include 4-digit Standard Industri	al Classification C	ode (SIC) and des	cription):
SIC Code: 2 0 4 8 Animal Feed Ingredient	S		<del></del>
Receiving Stream: Quiver River			
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: 1042 Highway 3	City:	Sunflower	
County: Sunflower	<b>Zip:</b> 38778		
Latitude: 33 degrees 29 minutes 28 seconds	Longitude: 90	_degrees 31 _ min	nutes 10 seconds
Method Used to Determine Lat & Long (GPS of plant entra	nce) or Map Interpolatio	n): GPS of Plant	Entrance
Attach a copy of any existing laboratory data for each performed, provide a summary for each parameter, in maximum values.			
Is this a SARA Title III, Section 313 facility utilizing water If yes, please attach a list of water priority chemicals presented to the section of the sect		ls at threshold amo	ounts?

# DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits	ts?	□ No
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste ☐ Individual NPDES, or list Other(s):	e, 🗌 Pretreatment.	, Water State Operating,
MS0039888		
How will sanitary sewage be collected and treated? Coll	lected and treated	onsite
Indicate any local storm water ordinance with which the approval.	e facility must com	ply and submit any documentation of
N/A	<u> </u>	
Is treatment of storm water provided at any outfall?	□Yes	☑ No
If yes, please describe:		
CERTIFIC	CATION	
I certify under penalty of law that this document and all attachn accordance with a system designed to assure that qualified person submitted. Based on my inquiry of the person or persons who me gathering the information, the information submitted is to the beam aware that there are significant penalties for submitting false imprisonment for knowing violations.	onnel properly gather nanage the system, or sest of my knowledge	red and evaluated the information those persons directly responsible for and belief, true, accurate and complete.
Off May		2-24-16
Signature (Must be signed by operator when different than own	ner)	Date Signed
Jeff Gay		Vice President
Printed Name <sup>1</sup>		Title
Jeff Gay Printed Name  This application shall be signed according to the General Permi  For a corporation, by a responsible corporate officer.		Title

- 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





Office 454 Green Street | 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

February 23, 2016

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 Mr. Sam Hardin of Clearwater Consultants at (662) 323-8000. Thank you for your assistance in this matter.

Sincerely,

Jeff Gay, Vice President

PROTEIN PRODUCTS, INC.

Enclosure

Copy to: Chad Drew, Plant Manager, Protein Products, Inc.

Sam Hardin, P.E., Clearwater Consultants, Inc.