APPLICATION FOR SPECIAL EXCEPTION Owner request to excavate pond and haul dirt off property (expansion of existing pit) 35 acres

Name and Address of Applicant: Bennie and Dawn Street			Street Address of Property (if different address):			
604 Ratliff Ferry Road Canton, MS 39046			Northwest corner of Goodloe Road and Ms. Hwy 43N			
APPLICATION DATE	Present Zoning of Property	Legal Description of Property:	TAX PARCEL NUMBER	FLOOD ZONE	MAP/PLAT OF PROPERTY	
04-01-2017	A-1	See (Exhibit A)	093B-09-007/00.00	X	See (Exhibit B)	
Other Comments: As	per Article 2605 of	f the Madison County Zo	oning Ordinance.			
Comments Respectfully Submitter Dawn Street	d					
Petition submitted Commission on		ounty Planning an	d Development			
Recommendation Commission on Pe	of Madison Co	ounty Planning an				
Public Hearing dat Supervisors						

Final disposition of Petition _____

APPLICANT'S CHECKLIST FOR A SURFACE MINING PERMIT



	APPLICANT'S CHECKLIST FOR A SURFACE MINING PERMIT
REQUIRED	MAPS, AERIAL PHOTOGRAPHS, OR DRAWINGS
Draw to scale	with date, operator's name and north arrow: Mailed WK,
[] Map #1:	with date, operator's name and north arrow: On a USGS Topographic Map (8 ½" x 11" photocopy of applicable portion of topographic map):
	Name of Topographic Map Sharm
h	 Locate water wells within 0.5 mile of the permit area. Outline boundaries of both the permit area and the entire mine area (if different). Draw access to the nearest public road from the mine. Illustrate how surface drainage will be conducted or changed.
[V] Map #2:	General site plan showing location of excavations, spoil piles, settling ponds, plant, surface drainage patterns, etc. (8 ½" x 11")
[/] Map #3:	On an 8 ½" x 11" sheet, show yearly mining plan.
[V] Map #4:	On an 8 ½" x 11" sheet, show yearly reclamation plan.
[V] Map #5:	On an 8 ½" x 11" sheet, show the pre-mining and post-mining ground surfaces in profile (cross-sections). Include at least both North-South and East-West profiles. Also show, if any, ponds, buffer zones and any other features necessary to show how mining will be conducted.
[√] Map #6:	On an 8 ½" x 11" sheet, draw a post-mining reclamation map, showing lakes or ponds, surface drainage patterns, and any roads to be left after reclamation.
REQUIRED	DOCUMENTS
***	ificate of Insurance (at least \$100,000/\$300,000 bodily injury + \$100,000 property damage 300,000 aggregate).
	al Right to Mine (deed, lease or agreement); must be notarized. Include county zoning roval, if applicable.
	lication Fee: \$100 + \$10 an acre (not to exceed \$500). Check should be made payable to EQ Accounts Receivable.
inch (dov	cinal of Performance Bond including form MRD-4, or copy of Certificate of Deposit adding original of form MRD-4A, or original Irrevocable Standby Letter of Credit valoadable from MDEQ website, www.deq.state.ms.us), printed on bank letterhead 000-\$2,500 an acre; the amount to be based on your estimate of the cost/acre to reclaim).
NIA 5. Orga	anization Report form MRD-1.

SEND ALL THE ABOVE MATERIALS WITH APPLICATION (FORM MRD-3)

Mississippi Office of Geology, P. O. Box 2279, Jackson, MS 39225-2279; telephone (601) 961-5514



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF GEOLOGY

Mining and Reclamation Division P. O. Box 2279 Jackson, Mississippi 39225-2279 (601) 961-5514

ORGANIZATION REPORT

	is is the initial and principal instrument that identifies an organization to the Office of Geology. It is imperative to the fully and correctly executed and filed with the Office of Geology. Full Name of Organization: Benny & Dawn Street Crosscreek Faims Part 7
1.	Full Name of Organization: Benny & Down Street Crosscreek Fundament Post Office Box or Street Address, City, State, and Zip and Telephone Number: Canten. Ms. 39046
2.	Post Office Box or Street Address, City, State, and Zip and Telephone Number: Canton. Ms. 39040
3.	Type of Organization (state whether corporation, partnership, limited partnership, joint venture, individual, trust, etc.):
4.	If reorganized, give full name and address of previous organization.
5.	If foreign corporation, give state or country under the laws of which it was incorporated.
6.	If foreign corporation, give name and address of person registered as Mississippi agent.
7.	If limited partnership, give name of Mississippi county in which certificate detailing the organization was filed. $\nu \mu$
8.	Directors, Officers, Partners, Trustees, and General Partners* (required of all organizations except individuals):
Tit Ĺ	Andow er Benny & Dawn Street 1150 E. Peace St. #7 (auton, M5. 39046)
	separate Form MRD-1's are already on file for any partner or joint venturer, include and clearly specify the ganization names that appear on those forms.
	eclare that I am authorized to make this report, that it was prepared by me or under my supervision, and tracts and information stated herein are true, correct, and complete to the best of my knowledge.
	3/28/17 (Mun m that
•	Date Signature
	NIA Dawn Street
}	Organization Name of Person (Print)
<u>ا</u>	Street Address or P. O. Box Title (If agent, attach authorization from operator)
(1/	M. MS 39040 Telephone: 1001 906 1840
Sity	State Zip (Area Code) (Number)

Form MRD-1

rev. 11/02

Permit	No.	

STATE OF MISSISSIPPI

Application N	0.	
11		

SURFACE MINING PERMIT APPLICATION

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF GEOLOGY / MINING & RECLAMATION DIVISION

NPDES	its required: Y/N Date ating Permit agineers	P. O. Box Jackson, Mississip (601) 961 Fax (601) 9	pi 39225-2279 -5515 61-5521	City/County approval Required Yes Received Date: County City	No
A. GE	NERAL INFORMATION			DBA Closscheck Far Chosscheck Partn	₩.
1.	Name of Applicant: Mailing Address: E-mail Address: C0056 C1	Peale Sta Leen farms 201	algmail co	M5 39044 M	
	Phone No. Legi - Quie - 1840 Authorized Representative Ber	ny andler	Fax No. <u>LOP</u> Dawn Street	855-9340	
2.	Engineering Firm, Consultant, etc.:				
				cum Parherm	
3.	Phone No	wn Street Mi	Mine Superviso	:: Benny & Dawn 855 9340	7 Street
4.	Q V · · · · · · · · · · · · · · · · · · ·	l comment): 	madisu	,
5.	Physical address of mine or nearest		Section Township R	•	Loudloe 18
6.	Method of Operation X Open Pit	: 🗆 Strip 🗆 Drec	lge □ Wash Operati Wash System Type		
7.	Number of Acres to be Permitted:		8. Is the Permit Are	a located:	Yes No
	Excavation	_35_		eet of a public road?	X
	Haul roads, plant site, ponds, storage piles, etc.			eet of a cemetery? eet of an occupied building	$\frac{1}{2} = \frac{1}{2}$
	TOTAL PERMITTED AREA	35	giving permission	c, a letter must be filed wit from the owner or maintai within these distances to th	ning
Q	Materials to be Mined: 130	rrows Ma	krial		

		10. Has the applicant applied for, or have, any other permining operation? Yes No	rmits or	licenses that pertain to t	his or any other
		If "YES," list them in the space provided on page 5, or including any violations or penalties.	attach se	eparate pages, and give t	he current status of each,
В.	MI	NING PROCEDURE AND ENVIRONMENTAL AN	ALYSI	s	
	i.	Description of materials: Thickness of overburden (Topsoil MUST be stockpiled for use during reclamation) Thickness of useable material	1	Anticipated Schedule Begin clearing Begin mining Complete mining	(month/year) <u>5 2017</u> <u>5 2017</u> <u>70 2019</u>
		Total depth of excavation 10.5 ft. Estimated annual production tons		Begin reclamation Complete reclamation	4 1 2019 9 1 2019
	3.	Depth to ground water: 710.5 ft.		Types of erosion control utilized.	structures that will be
	4.	How will dust be controlled? Water on haul roads		Settling ponds Diversion berms	☐ Terraced slopes
	6.	Describe the land to be affected by mining as it present a. Land use Coopland	ly exists	K	
	7.	Will explosives be used? Yes No	8.	Is test-boring data availa	uble? X Yes No
	9.	Are toxic materials likely to be encountered at any time			N-
	10. If a	Will there be any discharge to local streams or other boarny of questions 7-10 are answered "YES," provide add			
C.	RE	CLAMATION PLAN NOTE: It is suggested recommendation	that the	county NRCS office be ne following items.	consulted for specific
	1.	Describe the soil handling technique for the reclamatio		of the operation:	
	2.	Describe the protection method for the stockpiled topsoil.	3.	How will highwalls, star reduced to minimize ero	nding faces, and banks be
		□ berm around the storage pile		☐ slopes will be terrace	
		grass cover on the pile (recommended)		sloped to a gradient of	of <u>3</u> to 1
		☐ stored under a cover		□ blended with surrous	nding contours

4.	What is the general plan for reclamation?	5, 1	What planting method will be used?	
	☐ reforestation ☐ establish grass cover pond or lake ☐	Ĺ	broadcast seed	
6.	How will fertilizer and lime be applied and i	incorporated?		
	🔀 harrowing	broadcasting	disking	
7.	Quantity of lime and fertilizer to be applied?	•		
	a. For initial planting lime: 3 tons per acre	Sna		
	fertilizer: 13 - 13 (type)	<u>500</u>	pounds per acre	
	b. For successive years prior to 100% release			
	fertilizer: 13 - 13 (type)	<u>200</u>	pounds per acre	
	when: Dugust	(month)		
8.	Describe the planting schedule:	Tree spacing		
	Tree or Seed Species	or lbs./acre	Planting Season	
	Common Bumuela grass	15 lbs./a	20 Spring Summer Fall / Winker	
	Bahia grass	40 lbs./ac	4	,
	124e brass	40 165.Jac	: Fall / Winter	
9.	Will the area be mulched? Yes			
	Method of holding in place: crimpe	d 🗆		
10.	How will the vegetation be maintained until	the final bond relea	ase?	
	□ watering		a housed	
	mowing times per year 3	ris 13 a for Thece	lake and will be used reaking purposes with as it	10W reedec
	approximate month(s)	<u> -</u>	Sune Ma	
	repairing gullies			
	Treplanting eroded areas			
11.	How will debris be disposed of when the min	ne is finally closed	?	
	·	,	hauling away	
	□ burying	burning	•	
12.	Will a soil analysis be submitted for this site NOTE: available from the Cooperative Exte	Α.		
13.	Estimated cost per acre for reclamation of th	is site: #1.0	000.00 (minimum of \$1,000 per acre)

1. Landowner(s) of area to be mined/leased Name: Address: Address: Phone: Phone: 2. Landowner(s) within 500 feet of the area Name: Name: Address: Address: Phone: Phone: Name: Name: Address: Address: Phone: Phone: 3. Person(s) living on permit area Name: Name: Address: Address: Phone: Phone: I declare that I have knowledge of the facts presented in the preceding pages and in all of the items attached to this application; furthermore, I certify that they are true to the best of my knowledge.

NAMES AND ADDRESSES OF PERSONS AFFECTED BY THIS OPERATION

D.

E.	ADDITIONAL COMMENTS
Eu.	APPLITONAL CUMMENTS

Item Number	Space for detailed answers to any of the previous items. Indicate item number to which the answers apply.
	35 CICRES in the SE corner of Section 9
	the SW corner of Section 10, and the
	NW comer of Section 15. Tourship 9 Morth
	NW comer of Section 15, Tourship 9 North, Range 3 East, Madison County, Ms.
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

If more space is required, use full sheets of paper the same size as this page. Attach all sheets to this application.

Note: Miss. Code Ann. § 53-7-27 (2)(h) requires that an Application for Surface Mining Permit include a notarized statement showing the applicant's legal right to surface mine the affected area.

CERTIFICATION OF LEGAL RIGHT TO MINE

I certify that I have the legal right to conduct surface mining operations on the property which is the subject of this application for Surface Mining Permit.

I am including a copy of the deed to the property and a copy of the Lease/Contract to surface mine the property (if applicable).

mine the property (if applicable).
Benny and or Dawn Street Printed/Typed Name of Applicant for Surface Mining Permit
Printed/Typed Name of Person Authorized to sign on behalf of Applicant
DAWN Street Land Owner Title of Person Authorized to sign on behalf of Applicant
Daw Sut
Signature of Person Authorized to sign on behalf of Applicant
STATE OF Miss: 35:ppi
Personally appeared before me, the undersigned authority in and for the said county and state, on this 22 day of April, 20 1 , within my jurisdiction, the within named 5+cet, who acknowledged that (he) (she) is 1000 county (title) of 1000 corporation, and as its act and deed (he) (she) executed the above and foregoing instrument, after first having been duly authorized by said corporation so to do.
(NOTARY PUBLIC)
My Commission expires: April 11, 2018 DONNA M. HENRY Commission From

Exhibit b1

BENNY AND DAWN STREET WARRANTY DEED

A parcel of land lying and being situated in the SE corner of Section 9, the SW corner of Section 10, and the NW corner of Section 15, Township 9 North, Range 3 East, Madison County, Mississippi, and more particularly described as follows:

Beginning at the intersection of the center line of Tilda Bogue Creek with the south line of said Section 9 and run East along the south line of said Section 9 for 1410 feet to a concrete monument marked S.C. 16 at the common corner of Section 16 and said Sections 9, 10 and 15; thence South along the west line of said Section 15 for 77.6 feet to a point on the north line of Mississippi State Highway No. 43; thence North 60° 56' East along the north line of said highway for 116.3 feet to a point; thence North 04° 46' West for 1225.5 feet to a point on the east line of said Section 9; thence North 74° 39' West for 1936.2 feet to a point; thence South 74° 46' West for 465 feet to a point on the center line of said Tilda Bouge Creek; thence Southerly along the meanderings of said creek to the point of beginning, containing in all 72.5 acres, more or less.



FARM LIABILITY POLICY DECLARATIONS MISSISSIPPI FARM BUREAU CASUALTY INSURANCE COMPANY

P.O. Box 1972 Jackson, Ms 39215-1972

CROSS CREEK FARMS PARTNERSHIP

Policy Number: GL0477976

Dec. Number: 08

Membership Number: 289146

1150 E PEACE ST STE 7 CANTON MS 39046-4900

Policy Period: From 05/15/2016 to 05/15/2017 at 12:01 a.m. Central Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

RN

COVERAGES PROVIDED BY THIS POLICY ARE SUBJECT TO ONE OR MORE OF THE LIMITS OF INSURANCE SHOWN BELOW:

LIMITS OF INSURANCE

\$3,000,000 GENERAL AGGREGATE LIMIT

Bach of the following limits is subject to the General Aggregate Limit shown above:

\$1,000,000 EACH OCCURRENCE LIMIT

NOT COVERED FARM PRODUCTS AGGREGATE LIMIT

\$1,000,000 FIRE DAMAGE LIMIT

\$5,000 MEDICAL EXPENSE LIMIT

NOT COVERED BACH ANIMAL LIMIT

NOT COVERED BACH ANIMAL LIMIT

Note: Your policy describes how the above limits apply. Please read your policy carefully.

Countersigned 04/27/16 By Jenn E Jam

AGENT PAM HARPOLE

19058

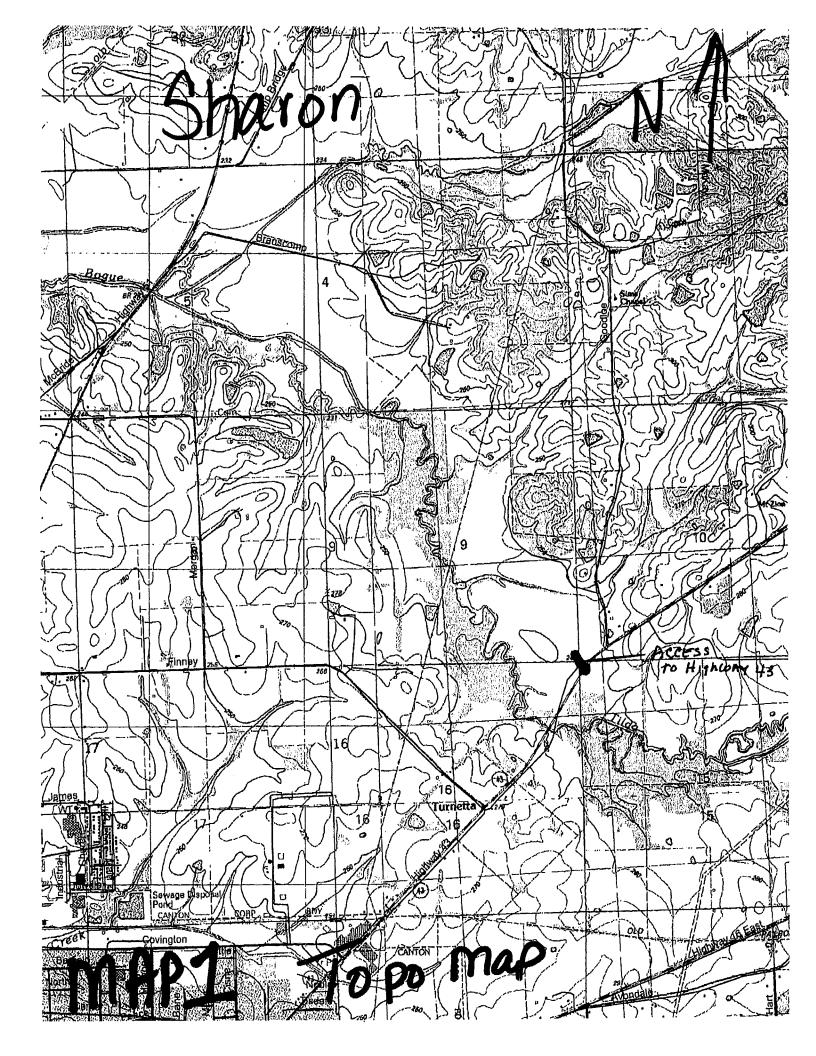
TELEPHONE (601) 859-3215

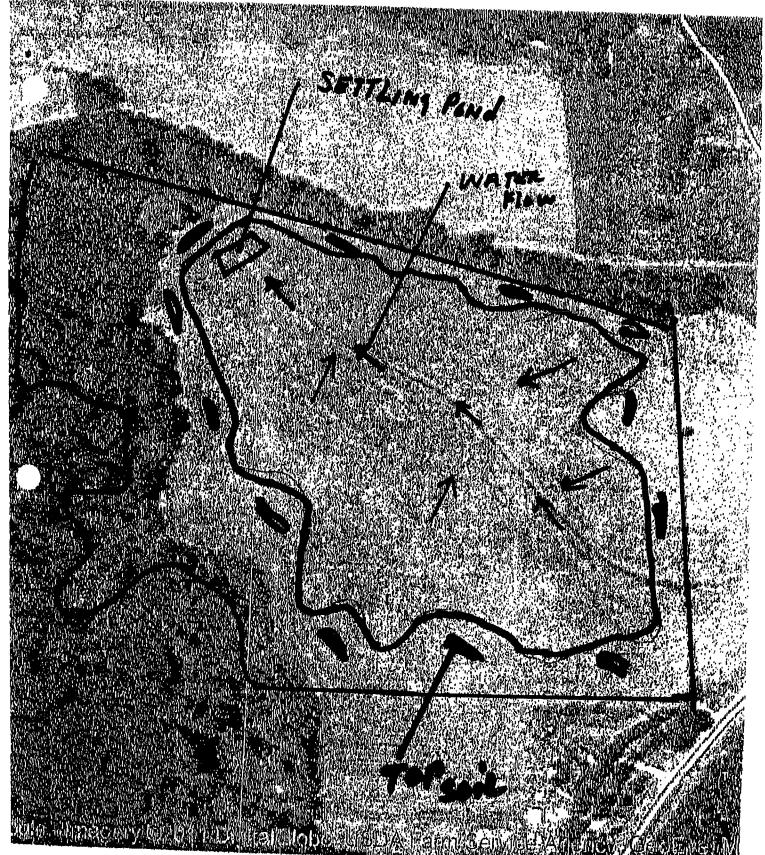
45

FOR FAST, FRIENDLY SERVICE HELP IS ON THE LINE.

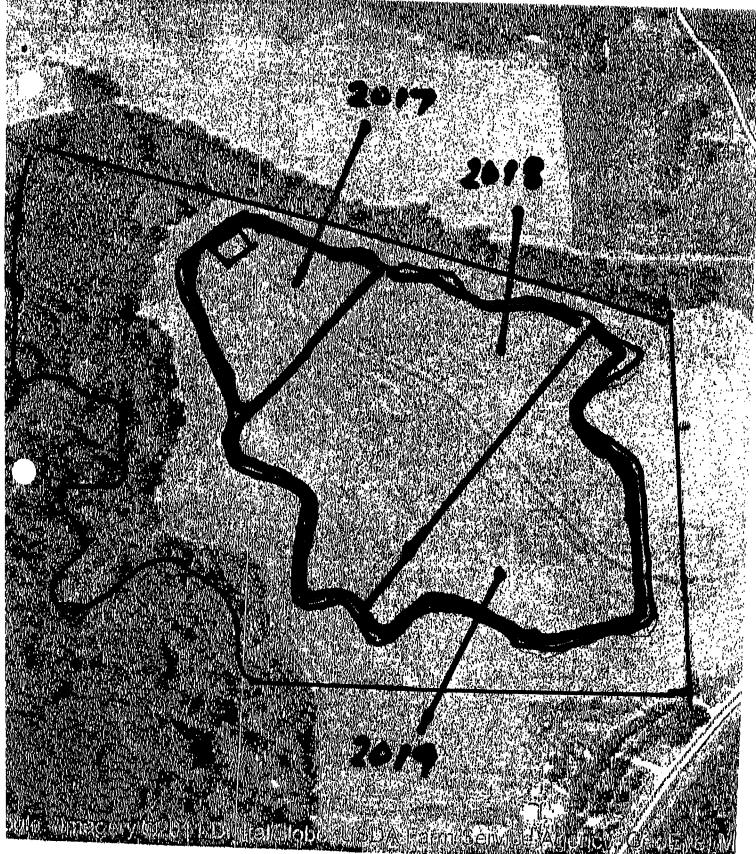
THAT'S ALL YOU NEED TO REPORT ANY TYPE OF CLAIM. ANY TIME - 24 HOURS A DAY - 7 DAYS A WEEK. 1-866-275-7322 WWW.MSFBINS.COM

LF01 12/14

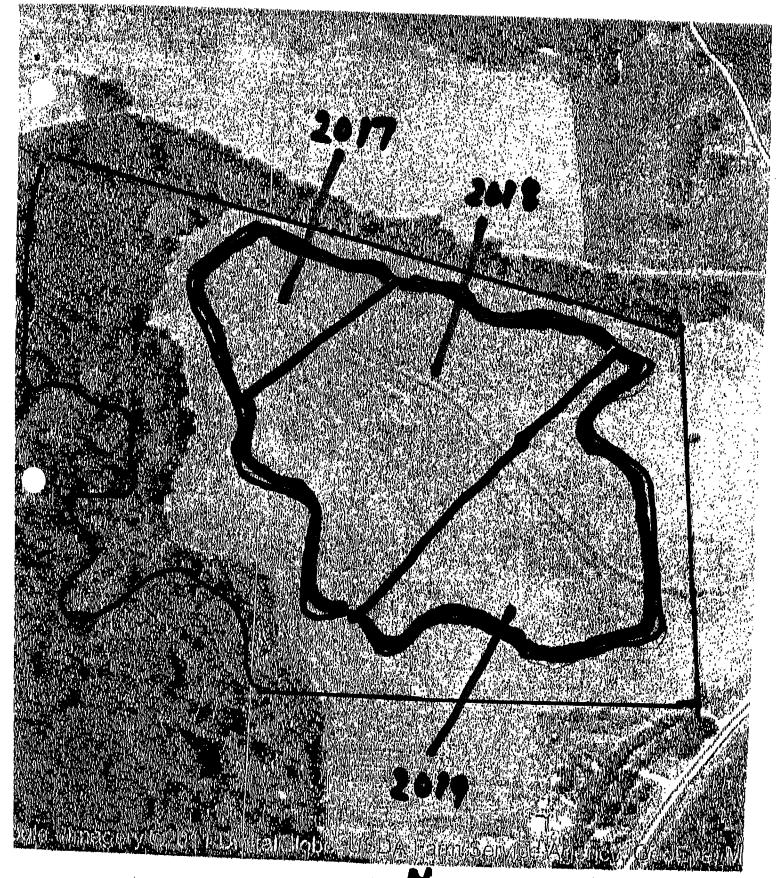




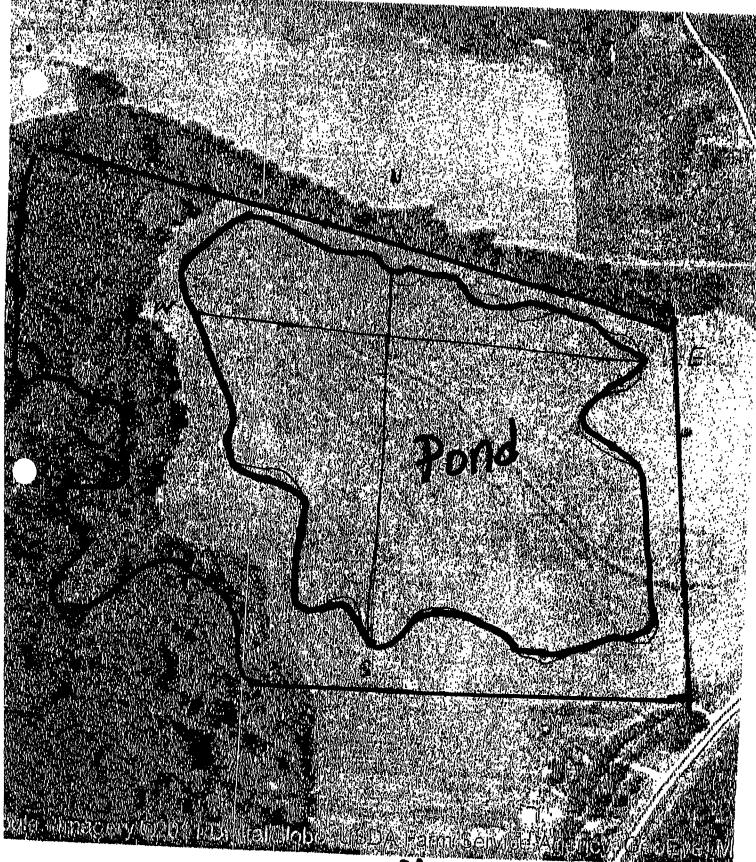
MAP No. 2 5/4 map w J-E



MAP No. 3 Vearly mine map

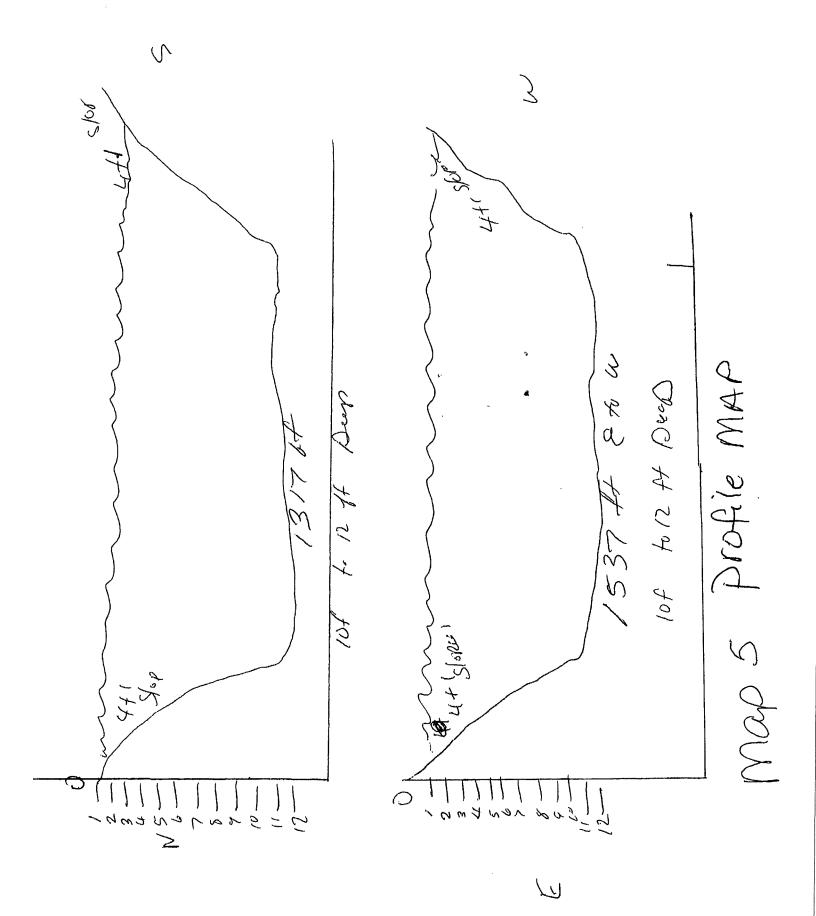


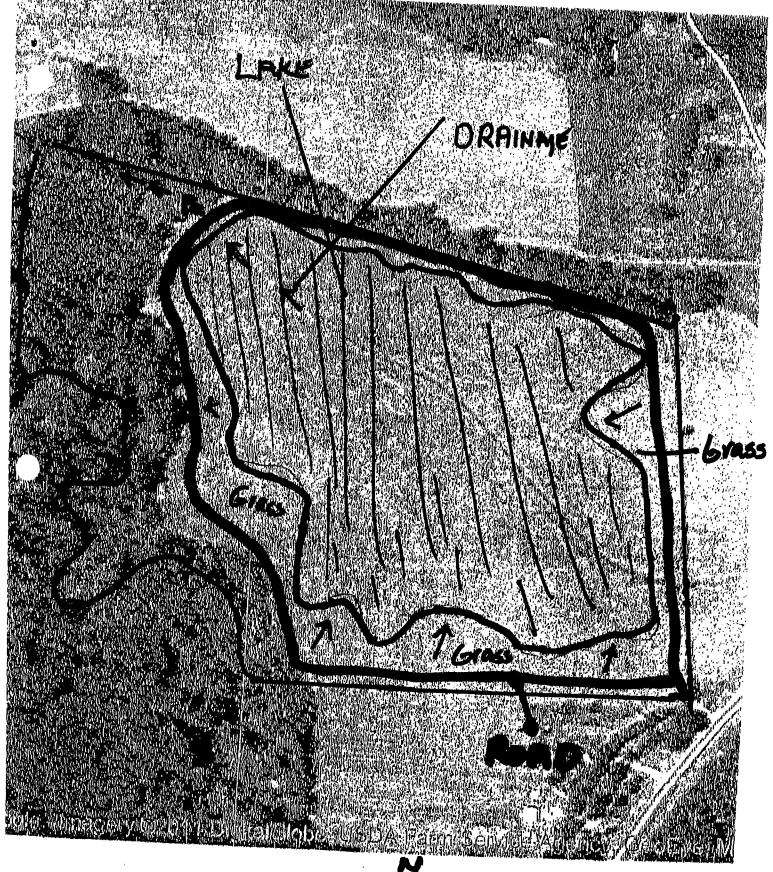
MAP 4 yearly Reclamation John Plan map



Mao 5 profile map 1537 (W-E)

1537 (N-S)





MAP L

Completed

Completed

Rectamation map

5