

24268



**DRY LITTER POULTRY ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (DLNOI)**

RECEIVED
AUG 19 2014
Illinois Department of Environmental Quality

COVERAGE NUMBER: MSG20091. For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Re-coverage.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Greg Hill

Facility Name: Greg Hill

Mailing Address:

Street or P.O. Box: 527 Graves Rd.

City: Ellisville State: MS Zip: 39437

Physical Site Address:

Street (can not be a P.O. Box) 527 Graves Rd.

City: Ellisville State: MS Zip: 39437

County: Jones

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-433-4779

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: _____

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 7

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): _____

☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of houses or animal type (ie. broilers or layers)?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

Check type and indicate amount

☐ Broiler (SIC 0251): _____ ☐ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation?

☐ No

☒ Yes- Integrator Name: Sanderson Farms
Laurel, MS

C. TYPE OF DRY LITTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the litter storage type or the capacity?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

List type of dry litter storage and capacity (tons): _____

D. NUTRIENT MANAGEMENT PLAN

If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:

Development Date: 8/2006 Expiration Date: 8/2011

The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

☒ No, there is no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

☐ Yes, there is mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators, or the fuel type burned?

☐ No ☐ Yes – Identify Changes: _____

For New Facilities:

Manufacturer Name: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

IV. CERTIFICATION

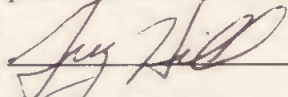
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I understand that my nutrient management plan identified Section II. D. expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

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.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.



Signature of Responsible Official

Ceres Hill

Printed Name

8/14/14

Date

owner/operator

Title

242.008

8-14-11

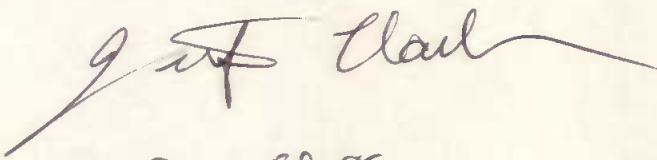
(RE: m56200091)

Buster,

Greg Hill is purchasing Joel Garrett's interest in the Joel Garrett/Greg Hill Farm. Greg Hill will be the sole owner in the farm. I wasn't sure if you would need a request for transfer or not so I'm sending one to be on the safe side. Mr. Hill's waste management plan will be forthcoming as soon as I can get it done.

If you have any questions, please feel free to call or email me.

Thanks,



Jennifer Clark

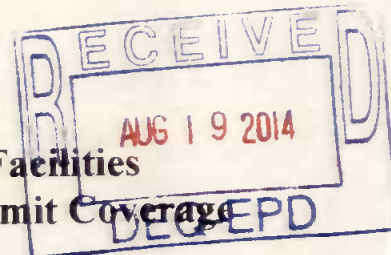
RECEIVED

AUG 19 2011

Dept of Environmental Quality

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change



Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I</p> <p>Facility Name: <u>Greg Hill</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>527 Graves Rd.</u></p> <p>City: <u>Ellisville</u> State: <u>MS</u> Zip: <u>39437</u></p> <p>County: <u>Jones</u></p> <p>Telephone: (601) <u>433-4775</u></p>	<p>Item II</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Greg Hill</u></p> <p>Title: <u>New Owner</u></p> <p>Mailing Address: <u>527 Graves Rd.</u></p> <p>Street/P.O. Box: <u>527 Graves Rd.</u></p> <p>City: <u>Ellisville</u> State: <u>MS</u> Zip: <u>39437</u></p> <p>Telephone: (601) <u>433-4775</u></p>		
<p>Item III</p> <p>Previous Permittee: <u>Joel Garrett & Greg Hill</u></p> <p>Mailing Address: <u>527 Graves Rd.</u></p> <p>Street/P.O. Box: <u>527 Graves Rd.</u></p> <p>City: <u>Ellisville</u> State: <u>MS</u> Zip: <u>39437</u></p> <p>Telephone: (601) <u>319-4294</u></p>	<p>Item IV</p> <p>New Permittee: <u>Greg Hill</u></p> <p>Mailing Address: <u>527 Graves Rd.</u></p> <p>Street/P.O. Box: <u>527 Graves Rd.</u></p> <p>City: <u>Ellisville</u> State: <u>MS</u> Zip: <u>39437</u></p> <p>Telephone: (601) <u>433-4775</u></p>		
<p>Item V</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI</p> <p>Will Facility Operations Change? Yes _____ No <u>X</u></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>		
<p>Item VII</p> <p>Will Facility Name Change? Yes <u>X</u> No _____</p> <p>If Yes, Provide New Name for Permit Coverage</p> <p>New Name: <u>Greg Hill</u></p>	<p>Item VIII</p> <p>Signature for Name Change</p> <p>Print Name: <u>Greg Hill</u></p> <p>Authorized Signature: <u>[Signature]</u></p> <p>Title: <u>New Owner</u> Date: <u>8/14/14</u></p>		
<p>Item IX</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Joel Garrett & Greg Hill</u></p> <p>To: <u>Greg Hill</u> Acquisition Date: <u>Oct 1 2014</u></p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table> <tr> <td> <p><u>Greg Hill</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u></p> <p>Title Date <u>8-14-14</u></p> </td> <td> <p><u>Joel Garrett</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date _____</p> </td> </tr> </table> <p><small>1 A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit</small></p> <p><small>2 Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</small></p>		<p><u>Greg Hill</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u></p> <p>Title Date <u>8-14-14</u></p>	<p><u>Joel Garrett</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date _____</p>
<p><u>Greg Hill</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u></p> <p>Title Date <u>8-14-14</u></p>	<p><u>Joel Garrett</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date _____</p>		