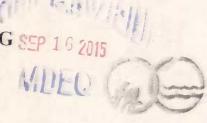


CONCENTRATED ANIMAL FEEDING SEP 1 6 2015 OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 <u>O</u> <u>4</u> <u>6</u> 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
Facility Name: Greev Heres
Owner Name: William Powers
Mailing Address - Street or P.O. Box: P.O. Box 587
City: Ackerman State: MS Zip: 39935
Physical Site Address - Street (can not be a P.O. Box):
City: He Kor mar State: MS Zip: 35735
County: Choctow Latitude: Longitude:
Facility Telephone: () Fax: (
Contact Cell No.: (464 285 - 8600 Other: (464) 285 - 3017
Contact Email:
If Contract operation: Name of Integrator: Prestage Forms
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Confinement Under Roof
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed No. In Open No. Housed
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Confinement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Chickens (broilers) No. In Open No. Housed Under Roof Type Confinement Under Roof Heifers Veal Calves
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Continement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Dairy Cows Heifers
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Continement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Chickens (broilers) Chickens (layers) No. In Open No. Housed Under Roof Type Continement Under Roof Dairy Cows Heifers Veal Calves Other: Specify
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Continement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Chickens (broilers) Chickens (layers) Cattle (not dairy or yeal calves)
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed Type Confinement Under Roof Type Continement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Chickens (broilers) Chickens (layers) Chickens (layers) Cattle (not dairy or veal calves) B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE 1. How much manure, litter, and wastewater is generated annually by the facility? 4129 tons or gallons
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals) No. In Open No. Housed No. In Open Confinement Under Roof Swine (55 lbs. or over) Swine (under 55 lbs.) Chickens (broilers) Chickens (layers) Cattle (not dairy or veal calves) B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE 1. How much manure, litter, and wastewater is generated annually by the facility? 4129 tons or gallons

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE WASTEWATER (Check all that apply and inc	AND CAPACITY FOR MANURE, LITTER AND PROCESS dicate total days of storage and their capacity)
Type Anaerobic Lagoon Roofed Storage Shed Impervious Soil Pad	
D. NUTRIENT MANAGEMENT PLAN (NMP	P)
Number of existing houses/barns: Number of proposed houses/barns:	4
2. Facility must have and provide a current	t Comprehensive Nutrient Management Plan (CNMP).
CNMP Development Date: 5-24	CNMP Expiration Date:
 A topographic map of the geographic are submitted with the current NMP. 	ea. showing the production area and the land application fields, was
management plan must be submitted to MDE	e years from the date it was developed and an updated nutrient Q prior to its expiration date. This NOI is not complete unless a fice or a current NMP is submitted with this NOI.
III. CONSTRUCTION AND/OR OPERA	TION OF AN ANIMAL MORTALITY INCINERATOR
and/or operate mortality incineration equiportion completing sections III and V of this NOI a	equipment located at the facility. If at a future date you wish to construct ment, you must submit an updated Multimedia CAFO GP NOI, and Appendix A. Constructing and operating mortality incineration modified coverage or issuance of individual permits is a violation of state
Yes, there will be mortality incineration eq	uipment located at the facility. Complete Section III.
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR
Manufacturer Name:	Single Chamber
Model Number:	Multiple Chamber
Capacity (tons/hour):	Other, describe
TOTAL NUMBER OF INCINERATORS	AND THEIR DATES OF CONSTRUCTION
Total number of incinerators on site:	
	Latitude: Longitude:
	Latitude: Longitude: Longitude: Longitude:

IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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

William Poww Name of Responsible Official (Printed or Typed)

8-30-15 Date