



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



**COVERAGE NUMBER:** MSG20 0667 . 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: Robert or Cathy Hutto

Facility Name: Robert or Cathy Hutto

Mailing Address:

Street or P.O. Box: 544 Overt Moselle Rd.

City: Moselle State: MS Zip: 39459

Physical Site Address:

Street (can not be a P.O. Box) 53 Ingram Rd.

City: Laurel State: MS Zip: 39443

County: Jones

(For new facilities) Latitude (degrees/min/sec): 31 39 9.58N Longitude: 89 0 59.54W

(For new facilities) Nearest named receiving stream: Mill Creek

Facility Telephone No. (Include Area Code): 601-422-9156

Facility Fax No. (Include Area Code): 601-422-9156

Contact Cell Phone No. (Include Area Code):

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: 4

☒ Existing operation of an incinerator(s). Number of existing incinerator(s): 1

☐ 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): 86,000      ☐ Pullet/Breeder (0252): \_\_\_\_\_

### B. CONTRACT INFORMATION

Is this facility a contract operation?      ☐ No      ☒ Yes- Integrator Name: Sanderson Farms

### 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: 6/5/2012      Expiration Date: 5/5/2017

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: National Incinerator      Model Number: Destructor

Capacity (tons/hour): 500 LB      Fuel Type: Propane

### 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.

Cathy Hutto

Signature of Responsible Official

12-16-15

Date

Robert or Cathy Hutto

Printed Name

Title





# 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 1, 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><b>Item I.</b></p> <p>Facility Name: <u>Robert or Cathy Hutto</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>544 Ovett Moselle Rd.</u></p> <p>City: <u>Moselle</u> State: <u>MS</u> Zip: <u>39459</u></p> <p>County: <u>Jones</u></p> <p>Telephone: ( <u>601</u> ) <u>422-9156</u></p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Robert or Cathy Hutto</u></p> <p>Title: <u>New Owner</u></p> <p>Mailing Address: <u>544 Ovett Moselle Rd.</u></p> <p>Street/P.O. Box: <u>544 Ovett Moselle Rd.</u></p> <p>City: <u>Moselle</u> State: <u>MS</u> Zip: <u>39459</u></p> <p>Telephone ( <u>601</u> ) <u>422-9156</u></p>
<p><b>Item III.</b></p> <p>Previous Permittee: <u>Brent Dickerson</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>53 Ingram Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: ( <u>601</u> ) <u>319-3105</u></p>	<p><b>Item IV.</b></p> <p>New Permittee: <u>Robert or Cathy Hutto</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>544 Ovett Moselle Rd.</u></p> <p>City: <u>Moselle</u> State: <u>MS</u> Zip: <u>39459</u></p> <p>Telephone ( <u>601</u> ) <u>422-9156</u></p>
<p><b>Item V.</b></p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p><b>Item VI.</b></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><b>Item VII.</b></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>Robert or Cathy Hutto</u></p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: <u>Robert or Cathy Hutto</u></p> <p>Authorized Signature <sup>2</sup> <u>Cathy Hutto</u></p> <p>Title: <u>New Owner</u> Date: <u>12-16-15</u></p>
<p><b>Item IX.</b></p> <p><b>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</b></p> <p>From: <u>Brent Dickerson</u></p> <p>To: <u>Robert or Cathy Hutto</u> Acquisition Date: <u>Jan. 2016</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>	
<p><u>Robert or Cathy Hutto</u></p> <p>Print New Permittee Name</p> <p><u>Cathy Hutto</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u></p> <p>Title _____ Date <u>12-16-15</u></p>	<p><u>Brent Dickerson</u></p> <p>Print Previous Permittee Name</p> <p><u>Brent Dickerson</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title _____ Date <u>12-16-15</u></p>

<sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup> 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.

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225-2261**  
**(601) 961-5171**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p>
<p><b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b></p>	
<p>Permit Type: <u>General Operating</u></p> <p>Permit/Coverage No.: <u>MSG200667</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: <u>Air Operating</u></p> <p>Permit/Coverage No.: <u>136000131</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>    