

AI #69301

GNP20160002



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



COVERAGE NUMBER: MSG20 1 8 6 3. 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: Thu Tran

Facility Name: ~~Thu Tran~~ KLAT FARMS

Mailing Address:

Street or P.O. Box: 17710 Shadow Valley Dr.

City: Spring State: TX Zip: 77379

Physical Site Address:

Street (can not be a P.O. Box) 333 331 DAVENPORT RD

City: Heidelberg State: MS Zip: 39439

County: Jones

(For new facilities) Latitude (degrees/min/sec): 31 47 0.4N Longitude: 88 58 19.15W

(For new facilities) Nearest named receiving stream: Piney and Little Bogue Homo Creek

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 281-384-9904

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: _____

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

☒ New or expanding operation. Number of proposed houses: 4 Number of proposed incinerators: 0