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GMP20160001
AUG 05 2016

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

COVERAGE NUMBER: MSG20 1733. 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 NGUYEN~~ HUE NGUYEN

Facility Name: _____

Mailing Address: 716 Three Notch Rd.

Street or P.O. Box: _____

City: Collins State: MS Zip: 39428

Physical Site Address: _____

Street (can not be a P.O. Box) 1534 Graham School Road.

City: Collins State: MS Zip: 39428

County: Convington

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 832 613-7733
~~713-550-1116~~

Facility Fax No. (Include Area Code): 713-530-5198

Contact Cell Phone No. (Include Area Code): N/A

Other Contact Phone Numbers (Include Area Code): N/A

Contact Email: THU25Q@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 8 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

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: 9-13 Expiration Date: 8-18

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

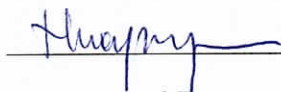
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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

8-3-16

Date

HUE NGUYEN

Printed Name

New OWNER

Title



Comprehensive Nutrient Management Plan (CNMP) (Version 2, 9/14/2011 Format)

The Comprehensive Nutrient Management Plan (CNMP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This CNMP documents the planning decisions and operation and maintenance for the animal feeding operation. It includes background information and provides guidance, reference information and Web-based sites where up-to-date information can be obtained. Refer to the Producer Activity Document (PAD) for information about day-to-day management activities and recordkeeping. Both this CNMP document and the PAD document shall remain in the possession of the producer/landowner.

Farm/Facility:

KEYS
c/o ARTHUR L KEYS
33 AUDREY KEYS DR
COLLINS, MS 39428-5900
(601)-517-0565

Owner/Operator:

Farm Headquarters Latitude/Longitude: N 31°-45'-9.3"
W 89°-31'-35.5"

Plan Period:

Sep 2013 - Aug 2018

Certified Conservation Planner

As a Certified Conservation Planner, I certify that I have reviewed both the *Comprehensive Nutrient Management Plan* and *Producer Activity Document* for technical adequacy and that the elements of the documents are technically compatible, reasonable and can be implemented.

Signature: _____ Date: _____
Name: _____
Title: _____ Certification Credentials: _____

Conservation District

As a Soil and Water Conservation District employee, I have reviewed both the *Comprehensive Nutrient Management Plan* and *Producer Activity Document* and concur that the plan meets the District's conservation goals.

Signature: _____ Date: _____
Name: _____
Title: _____



*State of Mississippi
Department of Environmental Quality
Office of Pollution Control*

Certificate of Permit Coverage

under Mississippi's Multimedia General Pollution Control Permit with applicable federal requirements for a Dry-Later Poultry Animal Feeding Operation (DLPAFO)

Be it known

**Arthur Keys, Poultry
Collins, Mississippi
Covington County**

having submitted an acceptable Notice of Intent, is hereby granted this Certificate of Permit Coverage in order to construct and/or operate a AFO poultry operation, to include:

Production Area - 8 Poultry Houses
Land Application - 310.3 Acres Available for Land Application

Chief, Environmental Permits Division

Coverage No: MS6201743
Date of Coverage: October 2, 2013
Date Coverage Expires: January 31, 2014

04697 GNP20130001

Resource Map

Date: 4/14/2006

Customer(s): ARTHUR L KEYS
District: Covington County SWCD
Approximate Acres: 195.2

Field Office: COLLINS SERVICE CENTER
Agency: Natural Resources Conservation Service
Assisted By: Otho R McCraw
State and County: MS, COVINGTON
Land Units:



Legend

GNTField

Consplan

SetbacksLayer

Perennial Streams

Natural Gas Lines

Roads

County Boundary

City

390 0 390 780 1,170 1,560 Feet

N

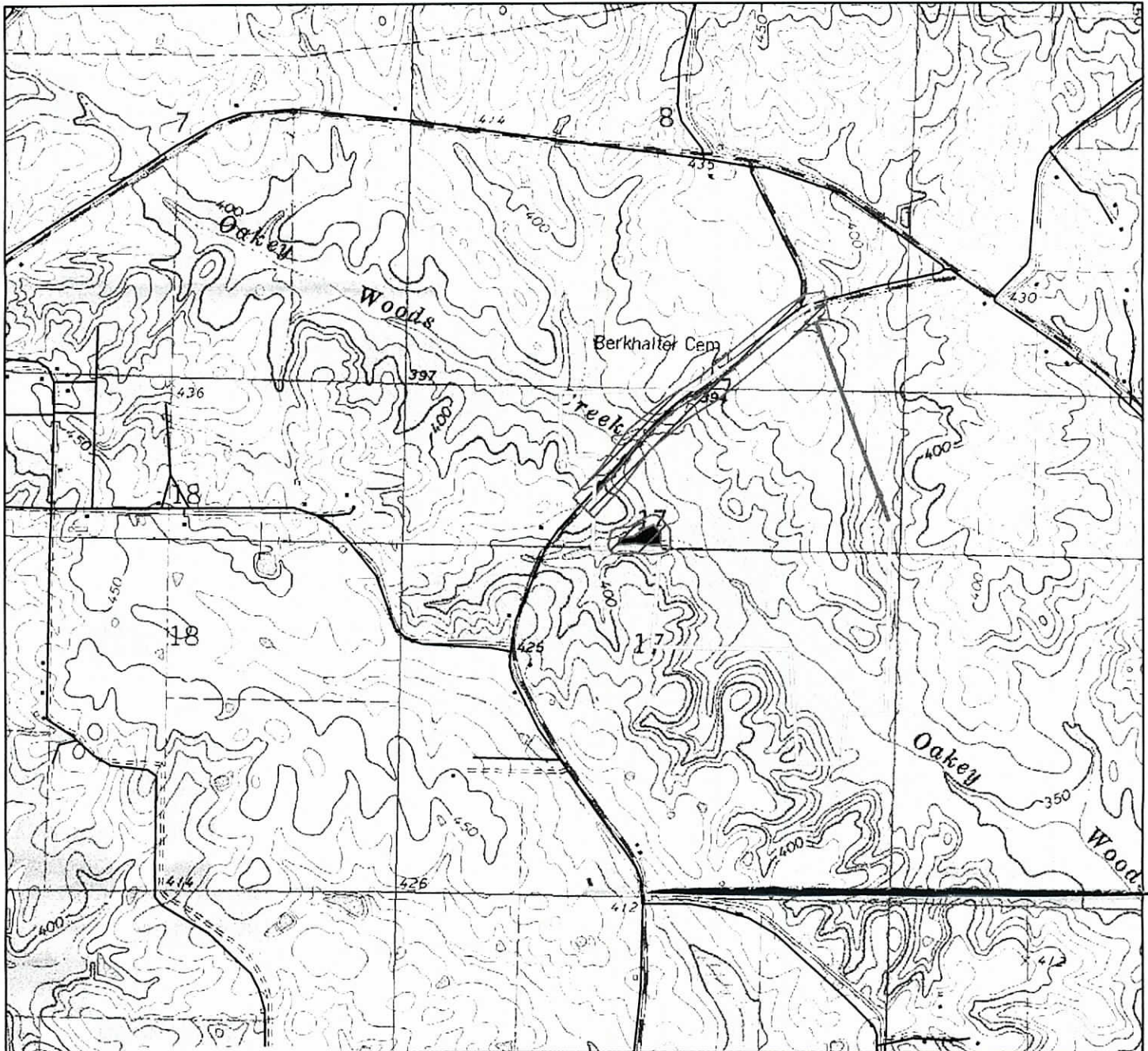


Resource Map

Date: 4/14/2006

Customer(s): ARTHUR L KEYS
District: Covington County SWCD
Approximate Acres: 206.1

Field Office: COLLINS SERVICE CENTER
Agency: Natural Resources Conservation Service
Assisted By: Otho R McCraw
State and County: MS, COVINGTON
Land Units:



Legend

MMP T1292

□ GNTField

■ SetbacksLayer

— Roads

□ County Boundary

□ City



950 0 950 1,900 2,850 3,800
Feet



Environmental Permits for Industrial Facilities

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

RECEIVED
AUG - 5 2016

Dept. of Environmental Quality

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>KEYS FARMS</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>1534 SALEM SCHOOL RD.</u> City: <u>COLLINS</u></p> <p>State: <u>MS</u> Zip: <u>39428</u> County: <u>COVINGTON</u></p> <p>Telephone: (<u>601</u>) <u>517-0565</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>HUE NGUYEN</u></p> <p>Title: <u>OWNER</u></p> <p>Mailing Address: <u>716 THREE NOTCH RD.</u></p> <p>Street/P.O. <u>COLLINS</u> Box: _____</p> <p><u>MS</u> State: _____ Zip: <u>39428</u> City: _____</p>
<p>Item III.</p> <p>Previous Permittee: <u>Arthur Keys</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>33 Audrey Keys DR.</u></p> <p>City: <u>COLLINS</u> State: <u>MS</u> Zip: <u>39428</u></p> <p>Telephone: (<u>601</u>) <u>517-0565</u></p>	<p>Item IV.</p> <p>New Permittee: <u>HUE NGUYEN</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>716 THREE NOTCH RD.</u></p> <p>City: <u>COLLINS</u> State: <u>MS</u> Zip: <u>39428</u></p> <p>Telephone: (<u>832</u>) <u>613-7733</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 <input checked="" type="checkbox"/></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 <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>HUE NGUYEN</u></p> <p><u>Hue Nguyen</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>HUE NGUYEN</u></p> <p>Authorized Signature: <u>Hue Nguyen</u></p> <p>Title: <u>NEW OWNER</u> Date: <u>8-3-16</u></p>
<p>Item IX.</p> <p style="text-align: center;">We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____ To: _____</p> <p style="text-align: right;">Acquisition Date: _____</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>HUE NGUYEN</u></p> <p>Print New Permittee Name</p> <p><u>Hue Nguyen</u></p> <p>New Authorized Signature</p> <p><u>NEW OWNER</u></p> <p>Title _____ Date <u>8-3-16</u></p>	<p><u>Arthur Keys</u></p> <p>Print Previous Permittee Name</p> <p><u>Arthur Keys</u></p> <p>Previous Authorized Signature</p> <p><u>PREVIOUS OWNER</u></p> <p>Title _____ Date <u>8-3-16</u></p>

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

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.

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 checked="" 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 checked="" 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>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit <u>GENERAL</u> Type: <u>AFO</u></p> <p>Permit/Coverage No.: <u>MSG 201733</u></p> <p>Permit Issuance _____ Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>1-31-14</u></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>
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<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>