11922
Jones Co.
GNR2017000

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

RECEIVED
MAR 6 2017

COVERAGE NUMBER: MSG20 0667 For re-coverage, the coverage number must be completed for your specific project or this form will be returned 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

RECEIVED
MAR - 6 2017
Dept. of Environmental Quality

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Joel Tauchstone

Facility Name: Growing Grace Farm

Mailing Address:

Street or P.O. Box: 72 Malone Rd.

City: Laurel State: MS Zip: 39443

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): 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): 601-319-0548

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): 80,000 ☐ 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: May 2012 Expiration Date: April 2017

The comprehensive nutrient management plan (CNMP) developed above must be reviewed [redacted] 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 acc[redacted] oultry Animal Feeding Operations Multi[redacted]

- For a corporation, by a respon[redacted]
- For a partnership, by a general [redacted]
- For a sole proprietorship, by th[redacted]

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.

_____ 3-1-17

Signature of Responsible Official *Date*

Joel L Touchstone New Owner

Printed Name *Title*

MAR 06 2017

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.

Item I.

Facility Name: Joel Touchstone

Location: (Do Not Use P.O. Box)

Street: 53 Ingram Rd.
City: Laurel State: MS Zip: 39443
County: Jones
Telephone: (601) 319-0548

Item II.

Responsible official after transfer or name change:

Name: Joel Tachstone
Title: New owner
Mailing Address:
Street/P.O. Box: 70 Malone Rd.
City: Laurel State: MS Zip: 39443
Telephone: (601) 319-0548

Item III.

Previous Permittee[1]: Robert or Cathy Hutto
Mailing Address:
Street/P.O. Box: 544 Ovett Moselle Rd.
City: Moselle State: MS Zip: 39459
Telephone: (601) 422-9156

Item IV.

New Permittee[1]: Joel Touchstone
Mailing Address:
Street/P.O. Box: 70 Malone Rd.
City: Laurel State: MS Zip: 39443
Telephone: (601) 319-0548

Item V.

Industrial Activity SIC Code: _____

Brief Description: _____

Item VI.

Will Facility Operations Change? Yes _____ No X

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes X No _____
If Yes, Provide New Name for Permit Coverage.
New Name: Grown Grace Farm

Item VIII.

Signature for Name Change

Print Name: Joel Touchstone
Authorized Signature[2]
Title: New Owner Date: 3/1/17

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Robert or Cathy Hutto
To: Joel Touchstone Acquisition Date: August 2017

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.

Joel Touchstone
Print New Permittee[1] Name

Robert or Cathy Hutto
Print Previous Permittee Name

New Authorized Signature[2]
New Owner 3/1/17
Title Date

Previous Authorized Signature[2]
Old Owner
Title Date

[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

Item X. Storm Water

(Check One)

X **Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.**

___The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.

___The recipient is submitting a new SWPPP, which is attached to this form.

___A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. _____

(Check One)

___An EPA Hazardous Waste ID Number is not required for the site.

___The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.

___There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: General Operating Permit/Coverage No.: MSG 200667 Permit Issuance Date: 1-25-16 Date of General Permit Coverage: _____ Permit Expiration Date: 10-31-19	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: Air Operating Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: 6/13/2012 Permit Expiration Date: 1/25/2016	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION: