

AI #11550  
Gnp20170001



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



COVERAGE NUMBER: MSG20 1937. 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 shall be placed at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the letter of Instruction for re-coverage.

**RECEIVED**  
APR 03 2017

**I. GENERAL INFORMATION**

**MDEQ**

**A. CONTACT AND FACILITY INFORMATION**

Name of Owner: BRIAN PACK

Facility Name: PACK POULTRY

Mailing Address:

Street or P.O. Box: 280 WINDMILL RD

City: MT. OLIVE State: MS Zip: 39119

Physical Site Address:

Street (can not be a P.O. Box) 280 WINDMILL RD

City: MT. OLIVE State: MS Zip: 39119

County: COVINGTON

(For new facilities) Latitude (degrees/min/sec): N 31° 40' 53.03" Longitude: W 89° 43' 30.74"

(For new facilities) Nearest named receiving stream: DRY CREEK

Facility Telephone No. (Include Area Code): 601-765-8899

Facility Fax No. (Include Area Code): \_\_\_\_\_

Contact Cell Phone No. (Include Area Code): 601-517-1805

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: \_\_\_\_\_

## 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): 96,000       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): DRYSTOCK

### 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: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

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.

