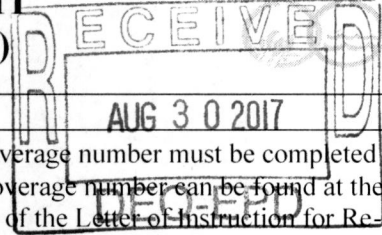


AT # 72377
Gnp20170001



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



COVERAGE NUMBER: MSG20 1959. 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: Hal Estes

Facility Name: Estes Poultry Farm

Mailing Address:

Street or P.O. Box: 650 James Stanley Road

City: Noxapater State: MS Zip: 39346

Physical Site Address:

Street (can not be a P.O. Box) 615 James Stanley Rd.

City: Noxapater State: MS Zip: 39346

County: Winston

(For new facilities) Latitude (degrees/min/sec): 33° 1' 21.99"N Longitude: 89° 7' 5.76"W

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

Facility Telephone No. (Include Area Code): 662-803-4988

Facility Fax No. (Include Area Code): _____

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: _____

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

New or expanding operation. Number of proposed houses: 2 Number of proposed incinerators: 0