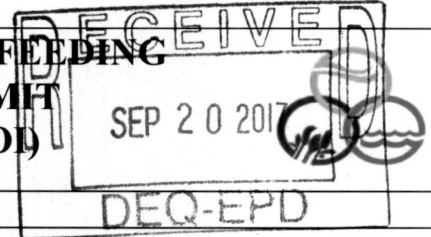


GNP 20170001
AI #16333



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



COVERAGE NUMBER: MSG20 D554. 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 AZ

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Justin K. McMillan

Facility Name: McMillan Farms

Mailing Address:

Street or P.O. Box: 10621 Road 404

City: Philadelphia State: MS Zip: 39350

Physical Site Address:

Street (can not be a P.O. Box) 11620 Road 404

City: Philadelphia State: MS Zip: 39350

County: Neshoba

(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): 601-504-7376

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: jmcmillan55@gmail.com

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): _____

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