

AI #10736

Environmental Permits for Industrial Facilities

MS6220016

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: Wolf Creek Ranch
 Location: (Do Not Use P.O. Box)
 Street: 3574 Highway 82
 City: Stewart State: MS Zip: 39767
 County: Montgomery
 Telephone: (662) 310-0190

Item II.

Responsible official after transfer or name change
 Name: Terry Emerson
 Title: General Manager
 Mailing Address:
 Street/P.O. Box: P.O. Box 1425
 City: West Point State: MS Zip: 39773
 Telephone: (662) 494-0813 EXT 242

Item III.

Previous Permittee: Kim Blakely
 Mailing Address:
 Street/P.O. Box: 3574 Highway 82
 City: Stewart State: MS Zip: 39767
 Telephone: (662) 310-0190

Item IV.

New Permittee: Prestage Farms Ms. Inc
 Mailing Address:
 Street/P.O. Box: P.O. Box 1425
 City: West Point State: MS Zip: 39773
 Telephone: (662) 494-0813 EXT 242

Item V.

Industrial Activity SIC Code: 0213
 Brief Description:
Swine

Item VI.

Will Facility Operations Change? Yes ☒ No ☐

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

Item VII.

Will Facility Name Change? Yes ☒ No ☐

If Yes, Provide New Name for Permit Coverage

New Name: Prestage Farms Ms. Inc
PM-18

Item VIII.

Signature for Name Change

Print Name:

Authorized Signature:

Title: Date:

Item IX.

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

From:

To:

Acquisition Date:

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) 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.

Prestage Farms, MS
 Print New Permittee Name

Terry Emerson
 New Authorized Signature

General Manager
 Title

Date

Kim Blakely
 Print Previous Permittee Name

Kim Blakely
 Previous Authorized Signature

Title

Date

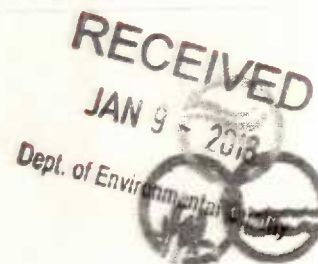
A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit

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.

AI #10736



CONCENTRATED ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 0016. 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

Facility Name: Wolf Creek Ranch
 Owner Name: Kim Blakely
 Mailing Address - Street or P.O. Box: 3574 Highway 82
 City: Stewart State: MS Zip: 39767
 Physical Site Address - Street (can not be a P.O. Box): 155 Upper Milligan Springs Rd
 City: Stewart State: MS Zip: 39767
 County: Montgomery Latitude: 89° 30' 14.7" W Longitude: 33° 26' 58.16" N
 Facility Telephone: () N/A Fax: () N/A
 Contact Cell No.: (662) 310-0190 Other: () _____
 Contact Email: _____
 If Contract operation: Name of Integrator: Pristage Farms MS, Inc

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input checked="" type="checkbox"/> Swine (55 lbs. or over)	<u>2</u>	<u>2000</u>	<input type="checkbox"/> Dairy Cows	_____	_____
<input checked="" type="checkbox"/> Swine (under 55 lbs.)	<u>2</u>	<u>2640</u>	<input type="checkbox"/> Heifers	_____	_____
<input type="checkbox"/> Chickens (broilers)	_____	_____	<input type="checkbox"/> Veal Calves	_____	_____
<input type="checkbox"/> Chickens (layers)	_____	_____	<input type="checkbox"/> Other: Specify _____	_____	_____
<input type="checkbox"/> Cattle (not dairy or veal calves)	_____	_____			

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? _____ tons or 5912,000 gallons
- How many acres of land, under the control of the applicant, are available for land application? _____ acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? _____ tons _____ gallons

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>14,243,600</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 8 finishers
 Number of proposed houses/barns: 2 sow barns

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

CNMP Development Date: Nov 2017

CNMP Expiration Date: Oct 2022

3. A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. ☒ Yes ☐ No

Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.

III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR

- ☒ No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.

- ☐ Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

MANUFACTURER'S INFORMATION

Manufacturer Name: _____

Model Number: _____

Capacity (tons/hour): _____

TYPE OF INCINERATOR

☐ Single Chamber

☐ Multiple Chamber

☐ Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: _____

- | | | |
|----------------------------|-----------------|------------------|
| 1. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 2. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 3. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |

IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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

1-8-2018

Date

Ray Morton

Name of Responsible Official (Printed or Typed)

Environmental Supervisor

Title