

Alt #15962



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

RECEIVED  
JUN 07 2018

BY: \_\_\_\_\_

COVERAGE NUMBER: MSG20 0168. 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: Heather McGee or Chase McGee

Facility Name: Twin Farms

Mailing Address:  
Street or P.O. Box: 55 CR 1711

City: Stinger State: MS Zip: 39481

Physical Site Address:  
Street (can not be a P.O. Box) 75 Smith Holifield Rd.

City: Lumberton 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): 601-670-3027 Hec.

Contact Cell Phone No. (Include Area Code): 601-498-5370 Kim

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): \_\_\_\_\_

☐ 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): \_\_\_\_\_ ☐ Pullet/Breeder (0252): \_\_\_\_\_

### B. CONTRACT INFORMATION

Is this facility a contract operation? ☐ No ☒ Yes- Integrator Name: Wayne 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: 9/2013 Expiration Date: 8/2018

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.



### 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: \_\_\_\_\_ Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_ Fuel Type: \_\_\_\_\_

### IV. CERTIFICATION

**Note:** This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.

Chase McGee

Signature of Responsible Official

4/6/18

Date

Chase or Heather McGee  
Printed Name

Owner/Operator  
Title

# 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.


<p><b>Item I.</b></p> <p>Facility Name: <u>Heather or Chase McGee</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>75 Smith Holifield Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>County: <u>Jones</u></p> <p>Telephone: <u>(601) 498-5320 or 601-670-3027</u></p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Heather or Chase McGee</u></p> <p>Title: <u>New Owner</u></p> <p>Mailing Address: <u>55 CR 1711</u></p> <p>Street/P.O. Box: <u>55 CR 1711</u></p> <p>City: <u>Singer</u> State: <u>MS</u> Zip: <u>39481</u></p> <p>Telephone: <u>(601) 498-5320 or 601-670-3027</u></p>		
<p><b>Item III.</b></p> <p>Previous Permittee: <u>George Bridges</u></p> <p>Mailing Address: <u>75 Smith Holifield Rd.</u></p> <p>Street/P.O. Box: <u>75 Smith Holifield Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: <u>(601) 433-2190</u></p>	<p><b>Item IV.</b></p> <p>New Permittee: <u>Heather or Chase McGee</u></p> <p>Mailing Address: <u>55 CR 1711</u></p> <p>Street/P.O. Box: <u>55 CR 1711</u></p> <p>City: <u>Singer</u> State: <u>MS</u> Zip: <u>39481</u></p> <p>Telephone: <u>(601) 498-5320 or 601-670-3027</u></p>		
<p><b>Item V.</b></p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change? Yes _____ No <u>X</u></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>		
<p><b>Item VII.</b></p> <p>Will Facility Name Change? Yes <u>X</u> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Twil Farms</u></p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: <u>Chase or Heather McGee</u></p> <p>Authorized Signature: <u>[Signature]</u></p> <p>Title: <u>Owner/Operator</u> Date: <u>4-6-18</u></p>		
<p><b>Item IX.</b></p> <p><b>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</b></p> <p>From: <u>George Bridges</u></p> <p>To: <u>Heather or Chase McGee</u> Acquisition Date: <u>6/20/18</u></p> <p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p><u>Chase or Heather McGee</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> Date: <u>4-6-18</u></p> <p>Title</p> </td> <td style="width: 50%;"> <p><u>George Bridges</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u> Date: <u>4-6-18</u></p> <p>Title</p> </td> </tr> </table>		<p><u>Chase or Heather McGee</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> Date: <u>4-6-18</u></p> <p>Title</p>	<p><u>George Bridges</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u> Date: <u>4-6-18</u></p> <p>Title</p>
<p><u>Chase or Heather McGee</u></p> <p>Print New Permittee Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> Date: <u>4-6-18</u></p> <p>Title</p>	<p><u>George Bridges</u></p> <p>Print Previous Permittee Name</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u> Date: <u>4-6-18</u></p> <p>Title</p>		

<sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup> 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.




## Active Coverages Available Online

Permit Type	Permit Number	Issue Date	Permit Document
General Permit - Poultry AFO Recoverage	MSG200168	02/14/2014	

## Current Status of Individual Permit Applications

Program	Permit Type	Permit Number	Status Date	Status Desc.
Air	Construction Permit	1360-00114	06/15/2001	Application Withdrawn
Air	State Operating Permit	1360-00114	06/25/2001	Permit Issued
Water	State Operating Permit Renewal	MSU000120	08/24/2009	Application Withdrawn

## Current Status of General Permit Applications

Program	Permit Type	Permit Number	Status Date	Status Desc.	PDF
General Permit	Construction Coverage	MSR101888	06/15/2001	Application Withdrawn	
General Permit	Poultry AFO Coverage	MSG200168	02/14/2014	Coverage Terminated	

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