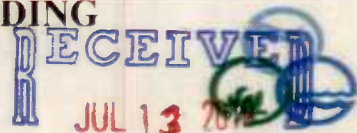


AI #73985
GMP20180005



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



BY: _____

COVERAGE NUMBER: MSG20 1987. 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: Rylan Eldred Shipp

Facility Name: RE Farms LLC

Mailing Address:

Street or P.O. Box: 149 Pine Dr

City: Laurel State: MS Zip: 39443

Physical Site Address:

Street (can not be a P.O. Box) Hwy 528

City: _____ State: MS Zip: _____

County: Jasper

(For new facilities) Latitude (degrees/min/sec): 31°55'9.494"W Longitude: 89°2'7.67"W

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

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601 422 3204

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: rhays12@yahoo.com

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: 6 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): 160200 ☐ 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): NA composter

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: July 2018 Expiration Date: July 2023

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.

Business Name	Business ID	Officer Name	Registered Agent
---------------	-------------	--------------	------------------

Search Criteria

☒ Starting With ☐ All Words ☐ Any Words ☐ Sounds Like ☐ Exact Match

Business Name:

Search Type: Business Name Search Date: 07/13/2018 09:12 Criteria: RE Farm LLC	Search Sub-Type: Starting With Search Thru Date: 07/11/2018 Result(s) Count: 1
---	---

Business Name Search Results

Business Name	Business ID	Type	Status	Create Date	
RE Farms LLC	1128417	Limited Liability Company (LLC)	Good Standing	09/21/2017	<input type="button" value="Details"/>

1

1 - 1 of 1 items



Home (<http://www.sos.ms.gov/Pages/default.aspx>) / Contact Us (<http://www.sos.ms.gov/Pages/Contact-Us.aspx>) / Links (<http://www.sos.ms.gov/Pages/Links.aspx>) / Transparency.gov (<http://www.transparency.ms.gov/>) / ms.gov (<http://www.ms.gov/>)
Facebook (<https://www.facebook.com/DelbertHosemann/>) / Twitter (<https://twitter.com/MississippiSOS>) / Press Releases (<http://www.sos.ms.gov/About/Pages/Press-Releases.aspx>)

© 2014 Mississippi Secretary of State. All rights reserved.