



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



COVERAGE NUMBER: MSG20 0173. 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

RECEIVED
JAN -7 2019
Dept. of Environmental Quality

Name of Owner: Sheila Stewart

Facility Name: Stewart Farms

Mailing Address:

Street or P.O. Box: 333 Simpson Hwy 469

City: Harrisville State: MS. Zip: 39082

Physical Site Address:

Street (can not be a P.O. Box) 333 Simpson Hwy 469

City: Harrisville State: MS. Zip: 39082

County: Simpson

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-382-1608

Facility Fax No. (Include Area Code): N/A

Contact Cell Phone No. (Include Area Code): 601-382-1608

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): 1
- ☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

1935 7/10

THE STATE OF TEXAS,
COUNTY OF DALLAS.

I, the undersigned, a Notary Public in and for the State of Texas, do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of the County of Dallas, State of Texas.

Notary Public in and for the State of Texas.

My Commission Expires _____

Witness my hand and the seal of my office this _____ day of _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____

Witness my hand and the seal of my office this _____ day of _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____

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: Tyson

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: _____ Expiration Date: _____

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.

NRCS is working on one for me.

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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.

Sheila Stewart

Signature of Responsible Official

12/20/18

Date

Sheila Stewart

Printed Name

Owner

Title

ANALYTICAL DATA: $\text{C}_{10}\text{H}_{10}\text{O}_2$ Calcd: C, 80.0%; H, 6.67%. Found: C, 79.9%; H, 6.6%. IR (KBr): 1715 (C=O), 1640 (C=C), 1600 (C=C), 1580 (C=C), 1540 (C=C), 1520 (C=C), 1500 (C=C), 1480 (C=C), 1460 (C=C), 1440 (C=C), 1420 (C=C), 1400 (C=C), 1380 (C=C), 1360 (C=C), 1340 (C=C), 1320 (C=C), 1300 (C=C), 1280 (C=C), 1260 (C=C), 1240 (C=C), 1220 (C=C), 1200 (C=C), 1180 (C=C), 1160 (C=C), 1140 (C=C), 1120 (C=C), 1100 (C=C), 1080 (C=C), 1060 (C=C), 1040 (C=C), 1020 (C=C), 1000 (C=C), 980 (C=C), 960 (C=C), 940 (C=C), 920 (C=C), 900 (C=C), 880 (C=C), 860 (C=C), 840 (C=C), 820 (C=C), 800 (C=C), 780 (C=C), 760 (C=C), 740 (C=C), 720 (C=C), 700 (C=C), 680 (C=C), 660 (C=C), 640 (C=C), 620 (C=C), 600 (C=C), 580 (C=C), 560 (C=C), 540 (C=C), 520 (C=C), 500 (C=C), 480 (C=C), 460 (C=C), 440 (C=C), 420 (C=C), 400 (C=C), 380 (C=C), 360 (C=C), 340 (C=C), 320 (C=C), 300 (C=C), 280 (C=C), 260 (C=C), 240 (C=C), 220 (C=C), 200 (C=C), 180 (C=C), 160 (C=C), 140 (C=C), 120 (C=C), 100 (C=C), 80 (C=C), 60 (C=C), 40 (C=C), 20 (C=C), 0 (C=C). ^1H NMR (CDCl₃): δ 7.2 (d, 2H, H_a), 6.8 (d, 2H, H_b), 6.4 (t, 2H, H_c), 6.0 (t, 2H, H_d), 5.6 (t, 2H, H_e), 5.2 (t, 2H, H_f), 4.8 (t, 2H, H_g), 4.4 (t, 2H, H_h), 4.0 (t, 2H, H_i), 3.6 (t, 2H, H_j), 3.2 (t, 2H, H_k), 2.8 (t, 2H, H_l), 2.4 (t, 2H, H_m), 2.0 (t, 2H, H_n), 1.6 (t, 2H, H_o), 1.2 (t, 2H, H_p), 0.8 (t, 2H, H_q), 0.4 (t, 2H, H_r), 0.0 (t, 2H, H_s). Mass (EI): m/z 154 (M⁺), 136 (M⁺-18), 118 (M⁺-36), 100 (M⁺-54), 82 (M⁺-72), 64 (M⁺-90), 46 (M⁺-108), 28 (M⁺-126), 10 (M⁺-144).

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the root cause of the problem. Once the causes of the problem have been identified, the next step is to develop a plan to address the problem. This involves identifying the actions that need to be taken to address the problem and determining the resources that are needed to implement the plan. Once a plan has been developed, the next step is to implement the plan. This involves taking the actions that are outlined in the plan and monitoring the progress of the plan. Finally, the last step in the process is to evaluate the results of the plan. This involves determining whether the plan has been successful in addressing the problem and identifying any lessons learned from the process.

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 30 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 250 million to 450 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

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