# 20312



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



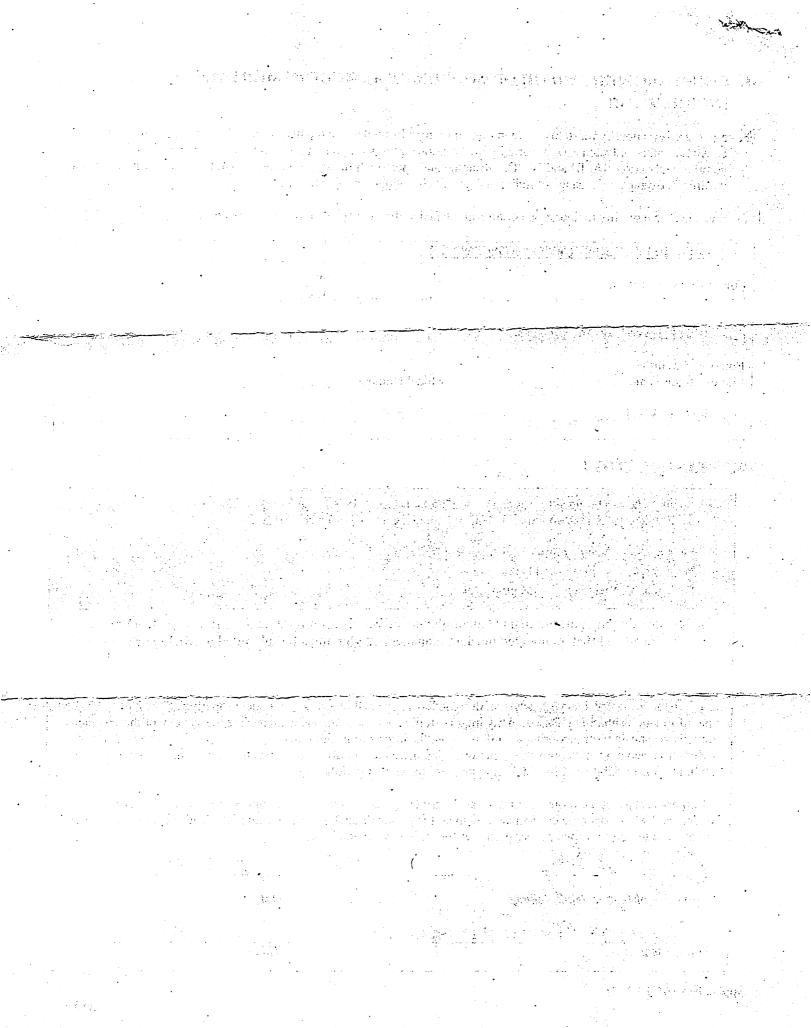
COVERAGE NUMBER: MSG20 1 2 4 9. For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Recoverage.

I.	GENERAL INFORMATION	SECEN	ED
A.	contact and facility information  ne of Owner: Dwight Easterling	JAN 18 2	
	ility Name: Rocking & Farm	Dept. of Environmen	tal Quality
Mai	ling Address:		
	Street or P.O. Box: 70 Johnson Ster	wart Road	<u>LL /2/L30.55/3</u>
	City: Mt. Olive State:	ms	Zip: <u>39119</u>
Phy	rsical Site Address:		
	Street (can not be a P.O. Box) 70 John Sc	n Stewart Ro	roid
	City: Mt. Olive Sta	nte: MS zij	39119
	County: Covington		
	(For new facilities) Latitude (degrees/min/sec):	Longitude:	th produces pay
	(For new facilities) Nearest named receiving stream:		riona a subble of the H
Fa	cility Telephone No. (Include Area Code):		1
	cility Fax No. (Include Area Code):		
Sport	ontact Cell Phone No. (Include Area Code):	401-299-29-	79
-	her Contact Phone Numbers (Include Area Code):		
	ontact Email :		
	mact Linaii .		
В	ACTIVITY TYPE (Check all that apply)	5	
0	Existing operation NOT proposing expansion. Number of exist	ting houses: 4	
	Existing operation of an incinerator(s). Number of existing inci		
	New or expanding operation. Number of proposed houses:	2 2 2 <del>2 10 10 10 10 10 10 10 10 10 10 10 10 10 </del>	

## 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:
C. TYPE OF DRY LITTER STORAGE AND CAPACITY  For Existing Facilities:  Has the facility changed the litter storage type or the capacity?  No
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: JAN 7019 Expiration Date: DEC 7023
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? 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. 1-16-19 Date OWNER Signature of Responsible Official DUJOHT EASTERLING Printed Name





## Manure Export Plan – Export Only

The Manure Export Plan (MXP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This MXP documents the planning decisions and operation and maintenance for the animal feeding operation. It includes background information and provides guidance, reference information and Web-based sites where up-to-date information can be obtained. Refer to the Producer Activity document for information about day-to-day management activities and recordkeeping. Both this document and the Producer Activity document shall remain in the possession of the producer/landowner.

	Producer Activity document for information about day cordkeeping. Both this document and the Producer An of the producer/landowner.	
Farm contact information:	EASTERLING c/o DWIGHT EASTERLING 70 JOHNSON STEWART RD MOUNT OLIVE, MS 39119-4848 (601)-797-3179	
Latitude/Longitude:	N 31° 44' 14.92" W 89° 41' 27.84"	
Plan Period:	Jan 2019 – Dec 2023	
Conservation Planner		
	criffy that I have reviewed both the Nutrient Management Plate documents for technical adequacy and that the elements of conable and can be implemented.  Date: 18  Certification Credentials: NRCS Certified I	f the documents
Conservation District		
The Conservation District has regoals.  Signature: Name: Title:	Date: 1/14/18	ets the District's
Owner/Operator		
agree that the items/practices lis responsible for keeping all the n intention to implement/accomplis	KP, I, as the decision maker, have been involved in the plansted in each element of the MXP are needed. I understand ecessary records associated with the implementation of this MXP in a timely manner as described in the plan.	that I am
Signature: Dwight Easterling	Date:	

Signature:	ELVERT COLE	Digitally signed by ELVE Date: 2019.01.16 09:49:1	RT COLE 15 -06'00'	Date:	Cortic Line		
Name: Title:			Certification	Credentials:		212 (1)	
Sections 4	Land Treatmen	<u>t</u>					
Signature:	2 15		n ala ivi iy	Date:			
Name: Title:			Certification	Credentials:	Held II h	PER CONST	
Section 6.	Nutrient Manage	ment					
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Waste Utiliza Signature: Name: Title: Section 7.	tion 633 Conservat	ion Practice	Standards.  Certification	Date:	in Nutrient ima		) and
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Waste Utilization Signature: Name: Title:  Section 7.  Signature: Name: Title:	tion 633 Conservat	ent (if appli	Standards.  Certification  cable)  Certification	Date: Credentials: Date: Credentials:	or ivutilent ima		) and
Waste Utilization Signature: Name: Title:  Section 7.  Signature: Name: Title:	Feed Manageme	ent (if appli	Standards.  Certification  cable)  Certification	Date: Credentials: Date: Credentials:	of ivalifient ima		) and

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