

17642



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



Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 0 6 1 4. 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: Raymond Alford

Facility Name: Raymond and Melody Farm

Mailing Address:

Street or P.O. Box: 1280 Langford Rd.

City: Lena State: MS Zip: 39094

Physical Site Address:

Street (can not be a P.O. Box) 1280 Langford Rd.

City: Lena State: MS Zip: 39094

County: Leake

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-862-8934

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-862-8934

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: 6 HS

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): _____

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

Sept 9 1950

Handwritten notes, mostly illegible due to extreme fading and noise. The text is organized into several paragraphs separated by horizontal lines. The handwriting is cursive and appears to be from the mid-20th century. The first line at the top left reads "Sept 9 1950". The rest of the page contains several lines of text, some of which are partially legible, such as "The first part of the paper", "The second part of the paper", "The third part of the paper", "The fourth part of the paper", "The fifth part of the paper", "The sixth part of the paper", "The seventh part of the paper", "The eighth part of the paper", "The ninth part of the paper", "The tenth part of the paper", "The eleventh part of the paper", "The twelfth part of the paper", "The thirteenth part of the paper", "The fourteenth part of the paper", "The fifteenth part of the paper", "The sixteenth part of the paper", "The seventeenth part of the paper", "The eighteenth part of the paper", "The nineteenth part of the paper", "The twentieth part of the paper", "The twenty-first part of the paper", "The twenty-second part of the paper", "The twenty-third part of the paper", "The twenty-fourth part of the paper", "The twenty-fifth part of the paper", "The twenty-sixth part of the paper", "The twenty-seventh part of the paper", "The twenty-eighth part of the paper", "The twenty-ninth part of the paper", "The thirtieth part of the paper", "The thirty-first part of the paper", "The thirty-second part of the paper", "The thirty-third part of the paper", "The thirty-fourth part of the paper", "The thirty-fifth part of the paper", "The thirty-sixth part of the paper", "The thirty-seventh part of the paper", "The thirty-eighth part of the paper", "The thirty-ninth part of the paper", "The fortieth part of the paper", "The forty-first part of the paper", "The forty-second part of the paper", "The forty-third part of the paper", "The forty-fourth part of the paper", "The forty-fifth part of the paper", "The forty-sixth part of the paper", "The forty-seventh part of the paper", "The forty-eighth part of the paper", "The forty-ninth part of the paper", "The fiftieth part of the paper", "The fifty-first part of the paper", "The fifty-second part of the paper", "The fifty-third part of the paper", "The fifty-fourth part of the paper", "The fifty-fifth part of the paper", "The fifty-sixth part of the paper", "The fifty-seventh part of the paper", "The fifty-eighth part of the paper", "The fifty-ninth part of the paper", "The sixtieth part of the paper", "The sixty-first part of the paper", "The sixty-second part of the paper", "The sixty-third part of the paper", "The sixty-fourth part of the paper", "The sixty-fifth part of the paper", "The sixty-sixth part of the paper", "The sixty-seventh part of the paper", "The sixty-eighth part of the paper", "The sixty-ninth part of the paper", "The seventieth part of the paper", "The seventy-first part of the paper", "The seventy-second part of the paper", "The seventy-third part of the paper", "The seventy-fourth part of the paper", "The seventy-fifth part of the paper", "The seventy-sixth part of the paper", "The seventy-seventh part of the paper", "The seventy-eighth part of the paper", "The seventy-ninth part of the paper", "The eightieth part of the paper", "The eighty-first part of the paper", "The eighty-second part of the paper", "The eighty-third part of the paper", "The eighty-fourth part of the paper", "The eighty-fifth part of the paper", "The eighty-sixth part of the paper", "The eighty-seventh part of the paper", "The eighty-eighth part of the paper", "The eighty-ninth part of the paper", "The ninetieth part of the paper", "The ninety-first part of the paper", "The ninety-second part of the paper", "The ninety-third part of the paper", "The ninety-fourth part of the paper", "The ninety-fifth part of the paper", "The ninety-sixth part of the paper", "The ninety-seventh part of the paper", "The ninety-eighth part of the paper", "The ninety-ninth part of the paper", "The hundredth part of the paper".

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: Kock Foods

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: 7-20-13 Expiration Date: 6-20-18

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.

Raymond Alford

Signature of Responsible Official

1-16-19

Date

Raymond Alford
Printed Name

OWNER
Title

