



~~For~~ ~~Renewal~~ ~~14839~~
**DRY LITTER POULTRY ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (DLPNOI)**

RECEIVED
JAN 23 2019
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 0348. 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: Kenneth Harrison

Facility Name: K & L Farms

Mailing Address:

Street or P.O. Box: 160 Betty Sanderson Rd.

City: Waynesboro State: MS Zip: 39367

Physical Site Address:

Street (can not be a P.O. Box) 160 Betty Sanderson Rd.

City: Waynesboro State: MS Zip: 39367

County: Wayne

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-671-0694

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-577-0176

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: _____

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-441100) FROM : SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

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: 9-21-18 Expiration Date: Aug 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.

THE UNITED STATES OF AMERICA

DECLARATION OF INDEPENDENCE

Whereas the United States of America, in and by its said Declaration of Independence, has declared that it is the right of the people to alter or to change their government, and to institute a new one whenever they shall find it necessary to do so; and

Whereas the said Declaration of Independence has been solemnly ratified by the said people, and the said government has been established by the said people;

And whereas the said government has been established by the said people, and the said government has been established by the said people;

And whereas the said government has been established by the said people, and the said government has been established by the said people;

ARTICLE I

Section 1. All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

ARTICLE II

Section 1. The executive Power shall be vested in a President of the United States of America. He shall hold the Office of President for a Term of Years, which shall be determined by the People.

Section 2. The President shall be the Commander in Chief of the Army and Navy of the United States, and of the Militia of the several States, and he may execute the same.

Section 3. The President shall have the Power to grant Reprieves and Pardons for all Crimes and Offenses, except in Cases of Impeachment.

ARTICLE III

Section 1. The judicial Power shall be vested in one Supreme Court, and in such inferior Courts as the Congress may from time to time ordain and establish. The Judges, both of the Supreme and inferior Courts, shall hold their Offices during good Behaviour, and shall, at any Time, during their Continuance in Office, be impeached and removed from Office by the Senate.

ARTICLE IV

Section 1. The United States shall guarantee to every State in this Union a Republican Form of Government, and shall protect each of them against Invasion; and on Application of the Legislature, or of the Governor when the Legislature may be unavailable, against domestic Violence.

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.

Kenneth Harrison

1-17-19

Signature of Responsible Official

Date

Kenneth Harrison
Printed Name

President
Title