



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

Att 69500
RECEIVED
JAN 25 2015
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 1870. 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: Daniel SHERMAN, Poultry Farm 2

Facility Name: " " " " "

Mailing Address:

Street or P.O. Box: 2580 Hwy 29

City: Brooklyn State: MS Zip: 39425

Physical Site Address:

Street (can not be a P.O. Box) 2580 Hwy 29

City: Brooklyn State: MS Zip: 39425

County: Perry

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-528-3609

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-528-3609

Other Contact Phone Numbers (Include Area Code): 601-528-3468

Contact Email : Sherm9@gmail.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: _____ Number of proposed incinerators: _____

for Renewal

0.00121 1835

1835-1836 1837-1838 1839-1840

1841-1842 1843-1844 1845-1846

1847-1848 1849-1850 1851-1852

1853-1854 1855-1856 1857-1858

1859-1860 1861-1862 1863-1864

1865-1866 1867-1868 1869-1870

1871-1872 1873-1874 1875-1876

1877-1878 1879-1880 1881-1882

1883-1884 1885-1886 1887-1888

1889-1890 1891-1892 1893-1894

1895-1896 1897-1898 1899-1900

1901-1902 1903-1904 1905-1906

1907-1908 1909-1910 1911-1912

1913-1914 1915-1916 1917-1918

1919-1920 1921-1922 1923-1924

1925-1926 1927-1928 1929-1930

1931-1932 1933-1934 1935-1936

1937-1938 1939-1940 1941-1942

1943-1944 1945-1946 1947-1948

1949-1950 1951-1952 1953-1954

1955-1956 1957-1958 1959-1960

1961-1962 1963-1964 1965-1966

1967-1968 1969-1970 1971-1972

1973-1974 1975-1976 1977-1978

1979-1980 1981-1982 1983-1984

1985-1986 1987-1988 1989-1990

1991-1992 1993-1994 1995-1996

1997-1998 1999-2000 2001-2002

2003-2004 2005-2006 2007-2008

2009-2010 2011-2012 2013-2014

2015-2016 2017-2018 2019-2020

2021-2022 2023-2024 2025-2026

2027-2028 2029-2030 2031-2032

2033-2034 2035-2036 2037-2038

2039-2040 2041-2042 2043-2044

2045-2046 2047-2048 2049-2050

2051-2052 2053-2054 2055-2056

2057-2058 2059-2060 2061-2062

2063-2064 2065-2066 2067-2068

2069-2070 2071-2072 2073-2074

2075-2076 2077-2078 2079-2080

2081-2082 2083-2084 2085-2086

2087-2088 2089-2090 2091-2092

2093-2094 2095-2096 2097-2098

2099-2100 2101-2102 2103-2104

2105-2106 2107-2108 2109-2110

2111-2112 2113-2114 2115-2116

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: Sanderson 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: Jan 2017 Expiration Date: Dec 2021

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.

Daniel Sherman

Signature of Responsible Official

23 Jan 2019

Date

Daniel SHERMAN

Printed Name

Owner

Title

