~~NH~~ 35051

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

RECEIVED
JAN 28 2019
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 0577. 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: Jerry Lott

Facility Name: Jerry Lott, Poultry

Mailing Address:

Street or P.O. Box: 66 Jerry Lott Rd.

City: Sumrall State: MS Zip: 39482

Physical Site Address:

Street (can not be a P.O. Box) 206 Jerry Lott Rd.

City: Sumrall State: MS Zip: 39482

County: Lamar

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): (601) 271-2338

Facility Fax No. (Include Area Code): (601) 271-2338

Contact Cell Phone No. (Include Area Code): (601) 516-0099

Other Contact Phone Numbers (Include Area Code): N/A

Contact Email : _____

B. ACTIVITY TYPE (Check all that apply)

☑ Existing operation NOT proposing expansion. Number of existing houses: 6

☑ Existing operation of an incinerator(s). Number of existing incinerator(s): 2

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

DRY LITTER POULTRY ANNUAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (NOI)

COVERAGE NUMBER ASSIGNED (CLW use only)

Instructions: Complete this Form 1 (Application Information) and Form 2 (Site Information) and submit to the address on the last page of this Form 1. Coverage is to be subject to the terms of the Letter of Instruction for Coverage.

1. GENERAL INFORMATION

A. CONTACT INFORMATION

Facility Name

Mailing Address

Street or P.O. Box

City State ZIP

Physical Site Address

Street (Do not use P.O. Box)

City State ZIP

County

Fax Number (Optional) Telephone Number

Facility Email Address (Optional)

Owner Name (Individual or Legal)

Owner Daytime Phone Number (Include Area Code)

Owner Cell Phone Number (Include Area Code)

Owner Email

B. ACTIVITY TYPE Check all that apply

☐ New or expanding operation. Number of proposed houses ____ Number of proposed layers ____

☑ Existing operation of an Incorporator(s). Number of existing houses 2 Number of existing layers ____

☐ Existing or new NOT participating operation. Number of existing houses ____ Number of existing layers ____

Appendix A (ACT 2, S-1)

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 Farm

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.

6. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:
Has the facility's maximum number of houses or animal type (ie. broiler or layer)

☒ No ☐ Yes – Identify Changes

For New Facilities:
Size or type and indicate amount

☐ Broiler (NICO 1) ☐ Pullet/Breeder (0220)

B. CONFINED FEEDING

Is this a ... operation? ☐ No ☐ Yes – Designation Name: ...

C. FEEDING METHOD AND CAPACITY

For Existing Facilities:
Has the feeding changed the litter storage type or the capacity?

☒ No ☐ Yes – Identify Changes

For New Facilities
Indicate the litter storage and capacity (tons)

D. NUTRIENT MANAGEMENT PLAN

☐ You do not have a current Comprehensive Nutrient Management Plan. One must be submitted ... Check this box and complete the items below:

Date plan due: ... Date plan submitted: ...

The comprehensive nutrient management plan (CNMP) referenced above expires five years from the date it was developed and an updated nutrient management plan must be submitted to NEDEC 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.

Jerry Lott — *Signature of Responsible Official*

1-21-19 — *Date*

Jerry Lott — *Printed Name*

owner — *Title*

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 incinerator equipment, you must submit an updated DLPNOI by completing Sections IA, B and IV. Construction and operation of poultry mortality incineration equipment without a modified coverage or issuance of individual permit is a violation of state law.

☐ Yes there is mortality incineration equipment located at the facility. Complete Section below.

AIR QUALITY INFORMATION (SECTION III)

For Existing Facilities
Has the facility obtained an Air Quality Permit? If yes, provide permit type below.

☐ No ☐ Yes, Permit Type: _____

For New Facilities
Manufacturer's Name: _____ Model Number: _____

Capacity (operations): _____ Fuel Type: _____

IV. CERTIFICATIONS

Note: This NOI shall be signed according to Conditions A-7 and B-17 found in ACT 6 of the Tier 1 Liner Poultry Animal Feeding Operations Individuals General Permit (General Permit No. PAG10).

For a corporation, by a principle corporate officer.
For a proprietorship, by the proprietor.
For a partnership, by a general partner.

I certify that any wastewater control measure identified in Section II of this form will be operational from the date of coverage under this permit to the date of submittal of a CEQ plan or by the construction date.

I certify that the facility will be operated in accordance with the operational plan submitted to DEQ and to any conditions in the coverage letter.

I certify that I have personally examined and am familiar with the information submitted in this application and all attachments thereto, and that, based on my inquiry of those persons immediately responsible for obtaining the information, I believe that the information is 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 poultry operation described in this application meets the requirements found in Part II.B of PAG10 and to do so in such a manner that no violation of state law will result.

Signature of Responsible Official: _____ Date: 1-23-19

Printed Name: Terry Lee Tate Title: Owner