ALL WOX12



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



COVERAGE NUMBER: MSG20 <u>1993</u>. 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								
A.	CONTACT AND FACILITY INFORMATION		RECEIVED						
Nam	e of Owner: DANIEL Ross		FEB 1 4 2019						
Facil	lity Name: Ross FARMS		Dept. of Environmental Quality						
Mail	ing Address:								
	Street or P.O. Box: 513 Goss E	BunkER HILL	RD.						
	City: Columbia	State: MS	Zip: <u>39429</u>						
Phys	ical Site Address:								
	Street (can not be a P.O. Box) "SAME	<i>u</i>							
	City:	State:	Zip:						
	County:								
	(For new facilities) Latitude (degrees/min/sec):		Longitude:						
	(For new facilities) Nearest named receiving stream:								
Facility Telephone No. (Include Area Code):									
Facility Fax No. (Include Area Code):									
Contact Cell Phone No. (Include Area Code):									
Other Contact Phone Numbers (Include Area Code):									
Contact Email:									
B.	ACTIVITY TYPE (Check all that apply)								
X	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:

П. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS TYPE AND AMOUNT OF CHICKENS FEB 1 4 2019 For Existing Facilities: Has the facility changed the number of houses or animal type (ie. broilers or layers)? Yes – Identify Changes: For New Facilities: Check type and indicate amount ☐ Broiler (SIC 0251): _____ ☐ Pullet/Breeder (0252): _____ **CONTRACT INFORMATION** ☐ No Yes-Integrator Name: SANDERSON FARMS Is this facility a contract operation? 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: * APPLYING FOR" 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.

ANY QUESTIONS Please Phone: DANIEL Ross
@ 228-669-1424
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INCINERATOR X 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 FEB 1 4 2019 For Existing Facilities: Has the facility changed the number or type of incinerators, or the fuel type burned? Yes – Identify Changes: □ No 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 MDEO 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. 2-12-19 Signature of Responsible Official Date OWHER Printed Name

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY

Manure Management Plan Data Month Plan Will Start: FEB 1 4 2013 Date: 2-12-19

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General Ir	formation						1	. 4	NG		
Facility Name: Ross FARMS							Producer Name:	DANIKL ROSS			
Facility Address: 5/3 Goss Bunker					HILL RI	2	Mailing Address:	"SAME"			
					39429				, MS		
Office	e Phone:	_			-	"SAME"	Home Phone:				
Facility L	ocation:	Section		Township		Range	GPS Coordinates:	N	W		
Facility Inf	ormation	Γ									
Nutrient Management Plan will serve: New Facility: Existing Facility: Expanding Facility with houses to be added											
Animal Type: Chickens Number of Animals: 82,000 Number Planned: Same" Current Number of Houses: 4											
									<u></u>		
Planne	d Number o	of Houses:	SAME "	Anima	I Weight at I	Maturity: <u>85-95</u>	Average Anima	al Weight: 9005			
Numbe	r of batches	s per year:	4-5	_ Days p	per batch:	58-63	I have a dry stack (ple	ease circle one): Yes	No		
Carcass	managem	ent system i	s or will be	(please circ	cle one):	Composter Incine	erator Rotary Drum	Freezer			
vvaste i	Waste utilization will occur by means of (please circle one): Land Application Contractor Removal										
Field Information *** Producer must provide a copy of soil test results that match Field IDs for all fields listed by producer.***							***				
	Field ID	Producer's	Farm	Field is	Field is	Manure is applied	Field does not	Field has gullies and	List the type of		
		Field ID	Name	Irrigated	owned	annually	receive manure	or erosion problems	erosion problem		
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No	4		
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No	4	Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
				Yes / No	Yes / No	Yes / No		Yes / No			
100710											

Crop Information											
						C			commenda		
	Field ID	Crop	Pla	nned Crop(s)	Yield Goal	Goal Percent stand		N	P ₂ O ₅	K ₂ O	Source of custom
,		Year	(list al	l crops planted)	(per acre)	of legumes present		(lbs/acre)	(lbs/acre)	(lbs/acre)	fertilizer recommend.
1											
	-							-			
					1.75						
Storage Information *** Producer must provide a copy of the manure analysis test results if the CNMP is for an existing operation.***										ation.***	
Litter is stored in (please circle one): Poultry houses Dry stack Combination of poultry houses and dry stack											
	The dim	ensions of t	the dry stac								
	The dim	enions of th	e compost	er are: $40x$	100'	with /	0/100	bins			1,27
	This fac	ility has	inci	nerator(s) with the daily	capacity of			lbs/day			
jir		,		norate (e) min the daily	, capacity ci	•		·Isoraay			
Equipmen	t Information	1		Please list the equipme	ent used on	this operati	on.				
	Equip. ID Spreader Type		г Туре	e Box Dimensions		Spreader Capacity Application		n Width Minimum Applicat			on Rate
	\ \ \		7 7075								
		- 1 40	- X	1 1 1/2 / 1							
l				Landa de la companya							
Listed here are the most commom types of litter spreaders: Litter spreader (14 ft box) with 4 ton capacity, 30 ft apply width, and 1ton/ac min. rate											
	Litter spreader (16 ft box) with 5 ton capacity, 30 ft apply width, and 1ton/ac min. rai										
Notes	Litter spreader (18 ft box) with 6 ton capacity, 30 ft apply width, and 1ton/ac min. rate									Iton/ac min. rate	
Notes											
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