

~~AE# 18374~~ "for renewal"



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

RECEIVED
JAN 29 2019
Dept. of Environmental Quality

AE# 18374

COVERAGE NUMBER: MSG20 1248. 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: Lynn Ratliff

Facility Name: Lynn Ratliff Poultry

Mailing Address:

Street or P.O. Box: 587 Rowley Road

City: Foxworth State: ms Zip: 39483

Physical Site Address:

Street (can not be a P.O. Box) Same

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): 601 731 0912

Other Contact Phone Numbers (Include Area Code): 601 736 6823

Contact Email : ratlifflynn@gmail.com

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: _____

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Second section of faint, illegible text, separated from the first by a horizontal line.

Third section of faint, illegible text, separated from the second by a horizontal line.

Bottom section of faint, illegible text, containing a signature and a date stamp.

M. L. R. A.

DEPT. OF AGRICULTURE

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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:

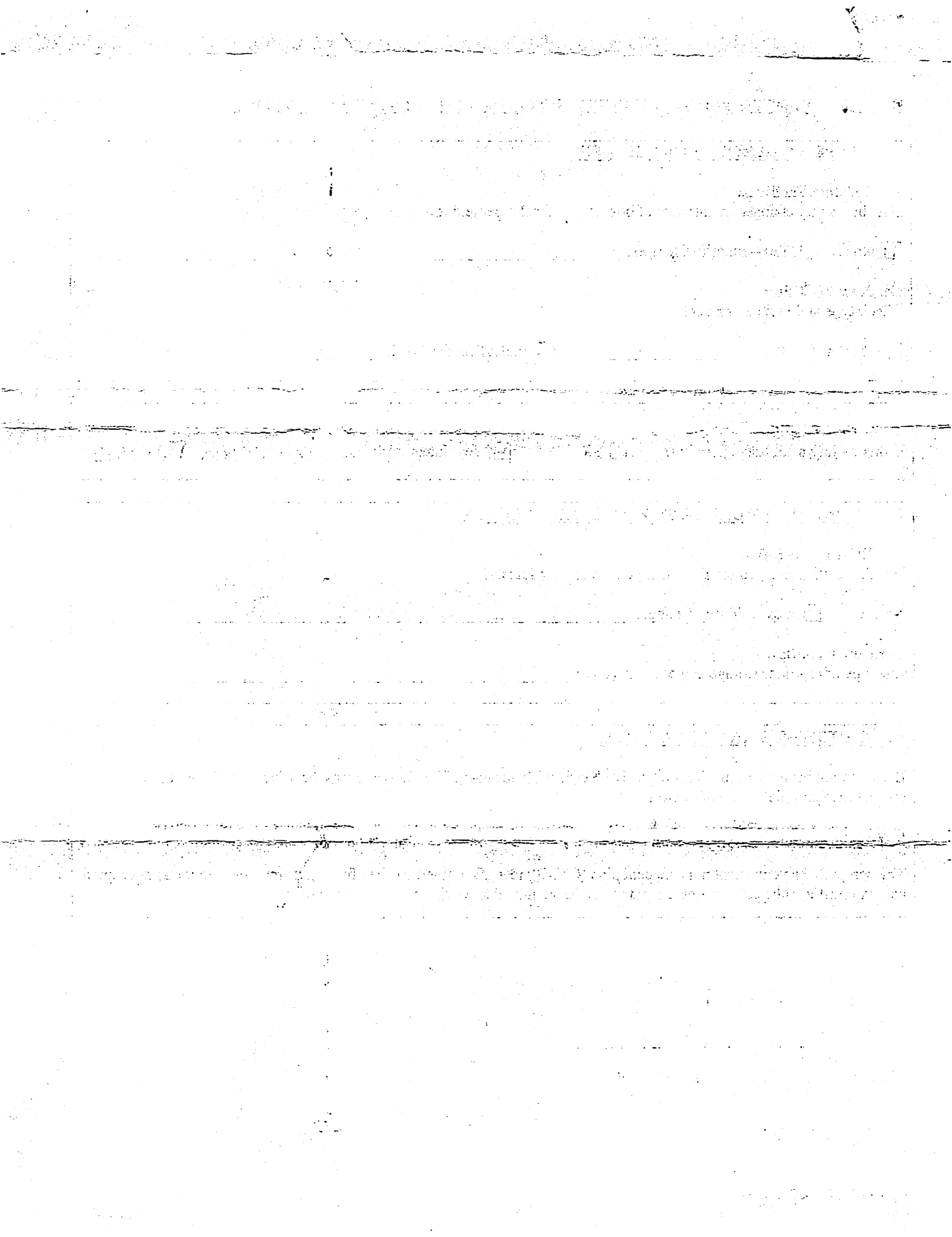
List type of dry litter storage and capacity (tons): _____

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: July 2014 Expiration Date: 6-30-2019

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

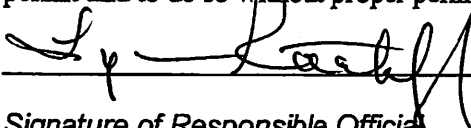
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.



Signature of Responsible Official

1-28-19

Date

Lynn Rash

Printed Name

Owner

Title

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping, including the need for clear, legible entries and the requirement to retain records for a minimum of seven years.

3. The third part of the document discusses the consequences of non-compliance with these requirements, including potential fines and penalties. It also provides information on how to report any suspected irregularities to the appropriate authorities.

4. The fourth part of the document provides a summary of the key points discussed in the previous sections and offers some final thoughts on the importance of maintaining accurate records.

5. The fifth part of the document contains a list of references and further reading materials for those interested in learning more about record-keeping and financial integrity.

6. The sixth part of the document provides a detailed explanation of the various types of records that must be maintained, including invoices, receipts, and bank statements.

7. The seventh part of the document discusses the importance of regular audits and how they can help to ensure the accuracy and integrity of the records.

8. The eighth part of the document provides a list of common mistakes to avoid when maintaining records, such as failing to date entries or using illegible handwriting.

9. The ninth part of the document discusses the importance of keeping records secure and protected from unauthorized access or tampering.

10. The tenth part of the document provides a list of resources and organizations that can provide further assistance and support in maintaining accurate records.

11. The eleventh part of the document contains a list of frequently asked questions and their answers, covering a range of topics related to record-keeping.

12. The twelfth part of the document provides a list of contact information for the relevant authorities and organizations, including phone numbers, email addresses, and website URLs.

13. The thirteenth part of the document contains a list of additional resources and materials that may be of interest to the reader.