Att#9188

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

RECEIVED
JAN 31 2019
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 0105. 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: Steve Nguyen

Facility Name: Steve Nguyen

Mailing Address:

Street or P.O. Box: 17 Howard Jordan DR

City: Petal State: MS Zip: 39465

Physical Site Address:

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

City: _____ State: _____ Zip: _____

County: Perry

(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): 601-520-6639

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : sdn6639@Gmail.com

B. ACTIVITY TYPE (Check all that apply)

☑ Existing operation NOT proposing expansion. Number of existing houses: 8

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): _____

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

Appendix A (ACT 2, 5-1)

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

COVERAGE NUMBER: MSG20____ For re-coverage, the coverage number must be completed for your specific project [illegible] The coverage number [illegible] found at the [illegible] coverage.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: ____

Facility Contact: ____

Mailing Address:

Street or P.O. Box: ____

City: ____ State: ____ Zip: ____

Physical Site Address:

Street (can not be a P.O. Box): ____

City: ____ State: ____ Zip: ____

County: ____

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

(For new facilities) Name of nearest receiving stream: ____

Facility Telephone No. (Include Area Code): ____

Facility Fax No. (Include Area Code): ____

Contact Cell Phone No. (Include Area Code): ____

Other Contact Phone Number (Include Area Code): ____

Contact Email: ____

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 incinerator: ____

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

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: Feb 2015 Expiration Date: Jan 2020

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.

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 birds [illegible]?

☐ No ☐ Yes - Identify Changes: ______________________________

For New Facilities:
Select type and number of birds:

☐ Broiler (SIC 0251): ______________ ☐ Pullet/Breeder (0252): ______________

B. CONTRACT OPERATION

Is this facility a contract operation? ☐ No ☐ Yes Integrator Name ______________

C. TYPE OF DRY LITTER STORAGE & 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 (in 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: ______________ Revision Date: ______________

[illegible]

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 II, 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.

Steve D. Nguyen — *Signature of Responsible Official*

1/28/19 — *Date*

Steve Nguyen — *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 in the future you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated NOI for 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.

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators on the site since the last permit?

☐ No ☐ Yes – Identify Change: ____________

Manufacturer Name: ____________ Model Number: ____________

Capacity (tons/hour): ____________ Fuel Type: ____________

IV. CERTIFICATION

Note: This NOI shall be signed according to the requirements [illegible]

- 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 in Section III expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDE 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 gather and evaluate 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.

[illegible]

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 a violation of state law.

____________________ ____________

Signature of Owner/Operator Date

____________________ ____________

Printed Name Title