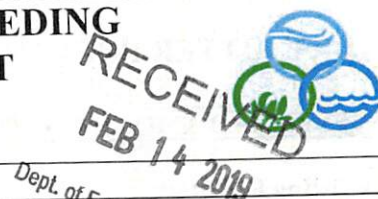




DRY LITTER POULTRY ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (DLPNOI)

67726



COVERAGE NUMBER: MSG20 1820. 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: Michael Chad McCool

Facility Name: McCool Farms

Mailing Address:

Street or P.O. Box: 430 County Rd 291

City: Bay Springs State: MS Zip: 39422

Physical Site Address:

Street (can not be a P.O. Box) 28 county Rd 293

City: Bay Springs State: MS Zip: 39422

County: Jasper

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

(For new facilities) Nearest named receiving stream: Tallahala Creek

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-764-8591

Other Contact Phone Numbers (Include Area Code): 601-764-7028

Contact Email: chadmccool96@yahoo.com tingymccool@yahoo.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): 2
- ☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

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: Wayne 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: 4-14-15 Expiration Date: March 31, 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.

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: Added second incinerator

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.

Michael C. McCool

Signature of Responsible Official

Michael C. McCool
Printed Name

2-8-19

Date

owner/operator
Title

Contiguous Landowner Notification of a Dry Litter Poultry Animal Feeding Operation Facility

(See ACT 2, Condition S-2)

CERTIFIED MAIL NO.: _____

Date mailed: _____

Company Name as Identified by MDEQ (please print)

Coverage No. (if currently permitted)

located at _____
Physical Street Address, City

MS _____
State County

is proposing to construct and operate a Dry Litter Poultry Animal Feeding Operation (to construct and operate poultry/chicken house(s)). This poultry facility has _____ existing house(s); the applicant proposes to build _____ new house(s). If permitted, the operation of the poultry house(s) will involve the management of dry animal waste and may involve the operation of an incinerator. The operation shall **NOT** have a discharge of process wastewater or contaminated stormwater. The Natural Resource Conservation Service (NRCS) will develop a Comprehensive Nutrient Management Plan (CNMP) to address the management of the animal waste. The CNMP will become an enforceable part of the permit along with other conditions which will allow the facility to operate within all state and federal environmental laws and regulations.

This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding **environmental** concerns about the project. **Please be aware that MDEQ only has legal authority to consider environmental issues specified in the applicable laws and regulations. MDEQ does not have jurisdiction to consider any comments regarding zoning, economic, or social impacts (e.g., effect of facility on property values). Comments should be addressed to the local zoning and planning authorities.**

If you do not have **environmental** comments regarding the proposed project, then you need do nothing more. If you have **environmental** comments regarding the proposed project, please notify MDEQ in writing within 17 days after the postmark date of this notification. Please reference the proposed project using the information above and provide your contact phone number and address. If you would like to discuss concerns you may have regarding this project please feel free to contact our office at (601) 961- 5171. Comments are to be mailed to the following address:

Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, Mississippi 39225-2261