



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



COVERAGE NUMBER: MSG20 0392. 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

RECEIVED
DEC 27 2021

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Brian Moseley

Facility Name: Lay M Farms **MDEQ**

Mailing Address:

Street or P.O. Box: Po Box 226

City: Clara State: Ms Zip: 39324

Physical Site Address:

Street (can not be a P.O. Box) 10 Shaw Dr

City: Waynesboro State: Ms Zip: 39367

County: Wayne

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601 735-8188

Facility Fax No. (Include Area Code): _____

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

Other Contact Phone Numbers (Include Area Code): 601 381 0603

Contact Email : brianmoseley69@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: _____

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: MAR-JAC

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): 2 dry stack sheds 1 50x50 1 40x80

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: 3-17 Expiration Date: 2-22

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

11-17-21

Date

Brian Moseley

Printed Name

Owner

Title



Manure Export Plan – Export Only (Version 1, 5/1/2007 Format)

The Manure Export Plan (MXP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This MXP documents the planning decisions and operation and maintenance for the animal feeding operation. It includes background information and provides guidance, reference information and Web-based sites where up-to-date information can be obtained. Refer to the Producer Activity document for information about day-to-day management activities and recordkeeping. Both this document and the Producer Activity document shall remain in the possession of the producer/landowner.

Farm contact information: Lazy M Farms
c/o Brian Moseley
PO Box 226
Clara, MS 39324
601-755-0273

Physical Address of Farm: 10 Shaw Dr., Waynesboro, MS 39367

Latitude/Longitude: 31 3 59.38N 88 43 27.11W

Plan Period: Mar 2017 - Feb 2022

Conservation Planner

As a Conservation Planner, I certify that I have reviewed both the *Nutrient Management Plan* and *Producer Nutrient Management Activities* documents for technical adequacy and that the elements of the documents are technically compatible, reasonable and can be implemented.

Signature: _____ Date: _____
Name: _____
Title: _____ Certification Credentials: _____

Conservation District

The Conservation District has reviewed the MXP documents and concurs that the plan meets the District's goals.

Signature: _____ Date: _____
Name: _____
Title: _____

Owner/Operator

As the owner/operator of this MXP, I, as the decision maker, have been involved in the planning process and agree that the items/practices listed in each element of the MXP are needed. I understand that I am responsible for keeping all the necessary records associated with the implementation of this MXP. It is my intention to implement/accomplish this MXP in a timely manner as described in the plan.

Signature: _____ Date: _____
Name: _____