AI # 18313
GnP2005001

Mississippi Department of Environmental Quality
Office of Pollution Control – Environmental Permits Division
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Miss. dept. of Environmental Quality
Office of Pollution Control

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG150289

(Number to be assigned by State)

INSTRUCTIONS

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

- A NUTRIENT MANAGEMENT PLAN
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

USGS QUAD MAPS SUBMITTED MUST EXTEND AT LEAST ONE MILE BEYOND THE PROPERTY BOUNDARIES OF THE FACILITY AND MUST CLEARLY SHOW ALL SPRINGS AND SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN ¼ MILE OF THE FACILITY. ADDITIONALLY, ALL PUBLIC DRINKING WELLS WITHIN ONE MILE OF THE FACILITY MUST BE IDENTIFIED.

THE SITE DRAWING MUST SHOW THE PROPERTY BOUNDARIES AND MUST INDICATE THE APPROXIMATE LOCATION OF EACH EXISTING AND PROPOSED STRUCTURE (HOUSE, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

SUBMIT AT LEAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, ENVIRONMENTAL PERMITS DIVISION, MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY, P.O. BOX 10385, JACKSON, MISSISSIPPI 39289-0385.

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY, ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Jimmy Hamilton

Facility Name: Hamilton Poultry

Mailing Address:

Street or P.O. Box: 942 Liberty Rd

City: Louisville State: MS Zip: 39339

Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.)

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

City: _____ State: _____ Zip: _____

County: _____

Latitude (degrees/min/sec): _____

Longitude (degrees/min/sec): _____

Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 662-724-2788

Facility Fax No. (Include Area Code): _____

Facility Cell Phone No. (Include Area Code): _____

Other Contact Phone Numbers (Include Area Code): _____

TYPES OF ACTIVITY

Check all that apply:

- ☐ New dry litter poultry operation
- ☐ Proposed dry litter poultry operation
- ☐ Construction and/or operation of an incinerator
- ☑ New or expanding operations that will require construction activities disturbing one acre or more

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS
Check all that apply and indicate the amounts

- [x] Boilers (SIC 0251): 167,300
- [ ] Layers (SIC 0252): _____

TOTAL AMOUNT: _____

- [x] Housed under roof
- [ ] Open confinement

BEST MANAGEMENT PRACTICES (BMP)
Check any of the following BMPs that will be implemented to control runoff and protect water quality

- [x] Buffers
- [ ] Setbacks
- [ ] Conservation tillage
- [ ] Constructed wetland
- [ ] Infiltration field
- [x] Grass filter
- [x] Terrace

TYPES OF DRY LITTER CONTAINMENT, STORAGE, AND CAPACITY
Check all that apply and indicate total days of storage and their capacity in tons

Type of Storage	Total Number of Days	Total Capacity (tons)
[x] Roofed Storage Shed	365	1063
[ ] Concrete Pad		
[ ] Impervious Soil Pad		
[ ] Other: Specify _____		

SITING CRITERIA

Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? [x] Yes [ ] No, attach wavier

Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? [ ] Yes [ ] No, attach wavier

NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed Notary Public. A copy of the Dry Litter Buffer Zone Waiver can be found at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

CONTRACT INFOMATION

Is this facility a contract operation? [x] Yes [ ] No

If yes, what is the name and address of the integrator?

Name: _____ Address: _____

ATTACHMENTS

☑ Attach an USGS quad map or copy that extends at least one mile beyond the property boundaries of the facility and clearly show all springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must be identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.

☐ Attach a site drawing showing the property boundaries and must indicate the approximate location of each existing and proposed structure (house, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.

NUTRIENT MANAGEMENT PLAN

Answer the following

Has a nutrient management plan been developed? ☑ Yes ☐ No

If yes, when was the nutrient management plan submitted? Date: 7/8/05

If no, when will the nutrient management plan be developed? Date: _____

Is a nutrient management plan already being implemented for the facility? ☑ Yes ☐ No

The date of the last revision of the nutrient management plan. Date: 8/8/03

What is the estimated amount of litter generated per year? 1063 tons/year

Total acreage needed for land application: 149

Total acreage available for land application: 149

Will a third party remove litter off site? ☐ Yes ☑ No

If yes, how much litter will be transferred to other persons per year? _____ tons/year

If not land applying, describe alternative use(s) of the litter:

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

☑ Check this box if this section does not apply

NOTE: Coverage for construction and/or operation of poultry mortality incinerators is for incinerators that have previously submitted approved stack test. For a list of incinerators that have approved stack tests on file please visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

Carcasses generated at facilities other than the one identified in this NOI are not permitted for incineration under this coverage. Only chicken carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

MANUFACTURER'S INFORMATION

Manufacturer Name: _____

Model Number: _____

Capacity (tons/hour): _____

TYPE OF INCINERATOR

☐ Single chamber

☐ Multiple chamber

☐ Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: _____

Please provide the manufacture date for each incinerator and indicate the latitude and longitude coordinates where installed on site in degrees, minutes, and seconds.

Date(s): _____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____

FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: _____

If fuel oil is burned, what is the sulfur content of the oil? _____%

Incinerator operating temperature range _____°F

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

☐ Check this box if this section does not apply

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Army Corps of Engineers regulatory branch for possible permitting requirements. If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.

Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.

PROJECT INFORMATION

Total acreages that will be disturbed: 2.0

Description of the construction activity: Chicken Pads

Nearest named receiving stream: Pinishook

Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary that may be impacted by the construction activity? ☐ Yes ☑ No

Soil Characteristics: Sweatman - clay

☑ Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under "SWPPP Details" on pages 38 through 43 of the *Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System.*

V. CERTIFICATION

Note: This application shall be signed according to the General Permit, page 3, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Jimmy L. Hinton — *Signature of Responsible Official*

7-6-05 — *Date*

Owner — *Title*