AI#23003 GnP2005000



Mississippi Department of Environmental Qualific

Office of Pollution Control – Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612 www.deq.state.ms.us



NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG150296

(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 OUAD 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 1/4 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: Joey Cross | | | | |
|---|-------------|---------------|-------------|----------------|
| Facility Name: Cross Farms | | | | |
| Mailing Address: Street or P.O. Box: P.O. Box 447 | | | | |
| City: Collins | State: | MS | Zip: | 39428 |
| Physical Site Address: (If the physical address is not avointersection.) Street (can not be a P.O. Box) Arbo Road | ailable ind | licate the no | earest nam | ned road or |
| City: MT. Olive | State: | MS | Zip: | 39119 |
| County: Covington | | | | |
| Latitude (degrees/min/sec): N 31/35/38.7 | | | | |
| Longitude (degrees/min/sec): W 89/35/50.4 | | | | |
| Nearest named receiving stream: Okatoma | | | | |
| Facility Telephone No. (Include Area Code): | (601) 7 | 197-3749 or (| 601) 765-23 | 45 |
| Facility Fax No. (Include Area Code): | | N/A | | |
| Facility Cell Phone No. (Include Area Code): | _ | N/A | | |
| Other Contact Phone Numbers (Include Area Code): | N/A | | | |
| TYPES OF AC | CTIVITY | | | |
| 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 constr | ruction act | tivities dist | urbing one | e acre or more |
| | | | | |

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

| TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 132,000 Layers (SIC 0252): TOTAL AMOUNT: 132,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINME | Check any of the following to control runoff and pro Buffers Setbacks Conservation til Constructed wed Infiltration field Grass filter Terrace NT, STORAGE, AND CAPACIT | Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter Terrace Terrace | | |
|--|---|---|--|--|
| Check all that apply and indicate total days of storage | | T.10 | | |
| Type of Storage | Total Number of Days | Total Capacity (tons) | | |
| Roofed Storage Shed | 300 | 1,322 | | |
| Concrete Pad | | | | |
| ☐ Impervious Soil Pad | | | | |
| Other: Specify | | | | |
| Are all poultry houses, that have been construall occupied dwellings or commercial establishall adjoining property lines? Yes Are all incinerators at least 150 feet from the light commercial buildings not owned by the NOTE: If answered no to any of these quests wavier must be completed by all affected propostary Public. A copy of the Dry Litter Buffehttp://www.deq.state.ms.us/MDEQ.nsf/page/gor call (601) 961-5171. | nearest residential or recreational applicant? Yes Sier Zone Waiver and notarized by a Sier Zone Waiver can be found at | area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The tate of Mississippi appointed | | |
| CONTRACT INFOMATION | | | | |
| Is this facility a contract operation? | les No | | | |
| If yes, what is the name and address of the int Cosk Poulty Name: | Address: Laurel, MS | | | |

| 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: Presently | | | | |
| If no, when will the nutrient management plan be developed? Date: N/A | | | | |
| Is a nutrient management plan already being implemented for the facility? | | | | |
| The date of the last revision of the nutrient management plan. Date: N/A | | | | |
| What is the estimated amount of litter generated per year? tons/year | | | | |
| Total acreage needed for land application: 127 Acres | | | | |
| Total acreage available for land application: None | | | | |
| 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: | | | | |
| | | | | |
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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 IN | CTURER'S INFORMATION TYPE OF | | OF INCINERATOR | |
|--|---|-------------------------|--|--|
| Model Number: | | ☐ Sing | ☐ Single chamber ☐ Multiple chamber | |
| | | ☐ Mu | | |
| | | Oth | Other, describe | |
| Total number of incinerator | is on site. | | | |
| Please provide the manufac where installed on site in de | eture date for each incine egrees, minutes, and second Latitude: Latitude: Latitude: | rator and indica | Longitude: | |
| Please provide the manufact where installed on site in de Date(s): | ture date for each incine egrees, minutes, and second Latitude: Latitude: Latitude: Latitude: Latitude: Latitude: | rator and indica | Longitude: Longitude: Longitude: Longitude: Longitude: | |
| Please provide the manufact where installed on site in de Date(s): | ture date for each incine egrees, minutes, and second Latitude: Latitude: Latitude: Latitude: Latitude: Latitude: | rator and indica | Longitude: Longitude: Longitude: Longitude: Longitude: | |
| Please provide the manufact where installed on site in de Date(s): | ture date for each incine egrees, minutes, and second Latitude: Latitude: Latitude: Latitude: Latitude: Latitude: | rator and indical ands. | Longitude: Longitude: Longitude: Longitude: | |

| Army Corps of Enginee | ers regulatory branch for possible permitting requirements. If the project requires a con 404 Permit, provide appropriate documentation from the Corps that the project |
|---|---|
| Indicate any local storm documentation of appro | water ordinance with which the project must comply and submit any val. |
| PROJECT INFORMA | ATION |
| Total acreages that will | be disturbed: 10.1 Acres |
| Description of the const and needed ingress and egre | ruction activity: Excavation and fill needed to construct 6 broiler house pads 44' x 500' in size ss road. |
| Nearest named receiving | g stream: Okatoam |
| | reams, private/public ponds or lakes within ½ mile downstream of project boundary the construction activity? Yes No |
| Th | e soils are classified as RsB2. Ruston soils are a fine sandy loam with 2 to 5 % slopes |

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.

Signature of Responsible Official

8-1-05 Date

Title