

AI #1013

Grp20050001



Mississippi Department of Environmental Quality

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 THE MULTIMEDIA GENERAL PERMIT INCLUDING NPDES REQUIRMENTS FOR EXISTING SWINE CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL PERMIT NUMBER MSG16 0007

(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 USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING

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 (BARN, LAGOON, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

AN UPDATED NUTRIENT MANAGEMENT PLAN MUST BE SUBMITTED WITHIN 180 DAYS OF COVERAGE.

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: | <u>PAUL SHIRK</u> | | |
| Facility Name: | <u>PAUL SHIRK SWINE FARM</u> | | |
| Mailing Address: | | | |
| Street or P.O. Box: | <u>4753 MAGNOLIA DR</u> | | |
| City: | <u>MACON</u> | State: | <u>MS</u> Zip: <u>39341</u> |
| 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) | <u>SAME AS ABOVE</u> | | |
| City: | <u>MACON</u> | State: | <u>MS</u> Zip: <u>39341</u> |
| County: | <u>NOXUBEE</u> | | |
| Latitude (degrees/min/sec): | <u>33° 11' 19.7" N</u> | | |
| Longitude (degrees/min/sec): | <u>88° 32' 11.6" W</u> | | |
| Nearest named receiving stream: | <u>HORSE HUNTERS CREEK</u> | | |
| Facility Telephone No. (Include Area Code): | <u>662-726-2713</u> | | |
| Facility Fax No. (Include Area Code): | <u>F 662-726-4857</u> | | |
| Facility Cell Phone No. (Include Area Code): | <u>662-361-7621</u> | | |
| Other Contact Phone Numbers (Include Area Code): | <u>662-361-7820</u> | | |

TYPES OF ACTIVITY

Check all that apply:

- ☐ Sow swine operation
- ☒ Feeder swine operation
- ☐ Nursery swine operation
- ☐ Construction and/or operation of an incinerator

II. CONCENTRATED SWINE FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF SWINE (SIC 0213)

Check all that apply and indicate the amounts

| | Under Roof | Confinement |
|--|-------------|-------------|
| <input type="checkbox"/> Sow | _____ | _____ |
| <input checked="" type="checkbox"/> Feeder/Finishing | <u>3520</u> | _____ |
| <input type="checkbox"/> Nursery | _____ | _____ |

BEST MANAGEMENT PRACTICES (BMP)

Check any of the following BMPs that will be implemented to control runoff and protect water quality

- ☒ Buffers
- ☒ Setbacks
- ☒ Conservation tillage
- ☐ Constructed wetland
- ☐ Infiltration field
- ☒ Grass filter
- ☒ Terrace

TYPES OF CONTAINMENT, STORAGE, AND CAPACITY

Check all that apply and indicate total days of storage and their capacity

| Type of Containment | Total Capacity (in gallons) |
|--|------------------------------|
| <input checked="" type="checkbox"/> Lagoon | 3,145,250 6290560 |
| <input type="checkbox"/> Holding Pond | |
| <input type="checkbox"/> Evaporation Pond | |
| <input type="checkbox"/> Other: Specify _____ | |
| Total number of acres from production area contributing to drainage: <u>67.7</u> acres | |

TYPES OF CONTAINMENT, STORAGE, AND CAPACITY (CONTINUED)

Check all that apply and indicate total days of storage and their capacity

| Type of Storage | Total Number of Days | Total Capacity (gallons or tons) |
|--|----------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Anaerobic Lagoon | 180 | 6290560 GAL |
| <input type="checkbox"/> Storage Lagoon | | |
| <input type="checkbox"/> Evaporation Pond | | |
| <input type="checkbox"/> Aboveground Storage Tank | | |
| <input type="checkbox"/> Belowground Storage Tank | | |
| <input type="checkbox"/> Roofed Storage Shed | | |
| <input type="checkbox"/> Concrete Pad | | |
| <input type="checkbox"/> Impervious Soil Pad | | |
| <input type="checkbox"/> Other: Specify _____ | | |

CONTRACT INFORMATIONIs this facility a contract operation? ☒ Yes ☐ No

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

Name: PRESTAGE FARMS Address: West Point, MS 39773**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: UNKNOWN

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: 14-JUN-05

What is the estimated amount of manure and wastewater generated per year? 5498 ^{manure} tons

*THIS QUESTION IS NOT
CLEARLY ANSWERED IN MY CNMP. TREATING =*

3,145,280 gallons

Minimum acreage needed for land application of manure and wastewater: UNKNOWN?

Total acreage available for land application of manure and wastewater: 68

Will a third party remove manure and wastewater off site? ☐ Yes ☒ No

If yes, how much manure and wastewater will be transferred to other persons per year?
_____ tons _____ gallons

If not land applying, describe alternative use(s) of the manure and wastewater:

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

☒ Check this box if this section does not apply

NOTE: Coverage for construction and/or operation of 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 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 chambers

☐ 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

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.

Paul Shirk

Signature of Responsible Official

9-17-05

Date

PAUL SHIRK

Name of Responsible Official (Printed or Typed)

owner

Title