AI # 23609 Gn P2006000



Mississippi Department of Environmenta

Office of Pollution Control – Environmental Permits Division FEB POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612 Dept of Environmental Q

Office of Pollution Control

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG150342

(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 OUAD 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:	Ronnie Thomas		
Facility Name:	Ronnie Thomas Poultry Farm	-	
Mailing Address: Street or P	.O. Box: 3410 Ringold Rd.		
	st	State: MS	Zip: 39074
intersection.)	ress: (If the physical address is not ava		
	not be a P.O. Box)		
	orest	State: MS	Zip: _39074
County:	Scott		
Latitude (d	legrees/min/sec): 32 deg 26 min 53 sec N		
Longitude	(degrees/min/sec): 89 deg 23 min 53 sec	W	
	med receiving stream: Hontokalo Creek		
Facility Telephone	e No. (Include Area Code):	660-827-5813	
Facility Fax No. (Include Area Code):	660-827-4467	
Facility Cell Phone No. (Include Area Code):		660-287-2840	
Other Contact Pho	one Numbers (Include Area Code):		
	TYPES OF AC	CTIVITY	10
Check all that appl	y:		
☐ New dry litter	poultry operation		
Proposed dry	litter poultry operation		
☐ Construction a	and/or operation of an incinerator		
✓ New or expan	ding operations that will require constr	ruction activities distu	rbing one 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): 240,000 Layers (SIC 0252): TOTAL AMOUNT: Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and	Check any of the follow to control runoff and provided by the control runoff and provided by the constructed we constructed we limit the constructed we grass filter the constructed by the constructed we constructed we constructed we constructed we constructed we constructed by the constructed we constructed we constructed we constructed by the construction of the	llage etland d
Type of Storage	Total Number of Days	Total Capacity (tons)
☐ Roofed Storage Shed		
☐ Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify Compost		160 tons/year
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishme all adjoining property lines? Are all incinerators at least 150 feet from the neal light commercial buildings not owned by the appoint NOTE: If answered no to any of these questions wavier must be completed by all affected propert Notary Public. A copy of the Dry Litter Buffer Zohttp://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	ents not owned by the application. No, attach wavier rest residential or recreational licant? Yes then attach a completed Poul by owners and notarized by a Sone Waiver can be found at	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The State of Mississippi appointed
_		
Is this facility a contract operation? Yes	□ No	
If yes, what is the name and address of the integra		
Name: Tyson	Address: Forest, Mississippi	

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: 2/14/2006
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: 2/14/2006
What is the estimated amount of litter generated per year? 1,136 tons/year
Total acreage needed for land application: 154
Total acreage available for land application: 107.3
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 INFORMATIO	N TY	PE OF INCINERATOR	
Manufacturer Name:	-	☐ Single chamber	
Model Number:		☐ Multiple chamber ☐ Other, describe	
Capacity (tons/hour):			
where installed on site in degrees, minutes Date(s):	ach incinerator and inc s, and seconds.	licate the latitude and longitude coordinates Longitude: Longitude:	
	Latitude:	Longitude:	
	Latitude:	Longitude:	
FUEL TYPE AND INCINERATOR TE	Latitude:	IGE	

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: 13.4 Description of the construction activity: construct 8 new poultry houses and compost shed for broiler production Nearest named receiving stream: Hontokalo Creek Are there recreational streams, private/public ponds or lakes within 1/2 mile downstream of project boundary that may be impacted by the construction activity? ☐ Yes Soil Characteristics: Providence 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.

Signature of Responsible Official

Owner President

Title