AI #23805 Gn P2010,0001



### 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 APR 20



GENERAL NPDES PERMIT NUMBER MSG15<u>0</u>3<u>6</u>]

(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:	Leonard & Georgia Rivere				
Facility Name: Rivere's Farm					
Mailing Address: Street or P	O. Box: P.O. Box 1				
City: Mou		State: MS	Zip: 39119		
intersection.)	not be a P.O. Box) Highway 35	railable indicate the ne	earest named road or		
City: Mou		State: MS	Zip: 39119		
County:	Covington				
Latitude (d	egrees/min/sec): N 31-43'-10.5"				
Longitude	(degrees/min/sec): W 089-42'-12.3"				
Nearest nar	med receiving stream: Dry Creek				
Facility Telephone No. (Include Area Code):		(601) 765-1995 or (601) 797-9300			
Facility Fax No. (I	nclude Area Code):	N/A			
Facility Cell Phone	e No. (Include Area Code):	N/A			
Other Contact Pho	ne Numbers (Include Area Code):	N/A			
	TYPES OF AC	CTIVITY			
Check all that apply					
✓ New dry litter	poultry operation				
Proposed dry li	itter poultry operation				
Construction as	nd/or operation of an incinerator				
New or expand	ing 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	BEST MANAGEMENT PRACTICES (BMP) Check any of the following BMPs that will be implemented	
☑ Boilers (SIC 0251): 138,000	to control runoff and pr	otect water quality
Layers (SIC 0252):		illaga
TOTAL AMOUNT: 138,000	Constructed we	etland
Housed under roof Open confinement	<ul><li>✓ Grass filter</li><li>✓ Terrace</li></ul>	
TYPES OF DRY LITTER CONTAINMENT Check all that apply and indicate total days of storage an		ITY
Type of Storage	Total Number of Days	Total Capacity (tons)
☑ Roofed Storage Shed	283.5	1,349
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify	-	
Are all poultry houses, that have been construct all occupied dwellings or commercial establishmall adjoining property lines? Yes  Are all incinerators at least 150 feet from the nealight commercial buildings not owned by the ap  NOTE: If answered no to any of these question wavier must be completed by all affected proper Notary Public. A copy of the Dry Litter Buffer a http://www.deq.state.ms.us/MDEQ.nsf/page/epoor call (601) 961-5171.	ments not owned by the application of No, attach wavier  earest residential or recreational oplicant? Yes  as then attach a completed Poul of the North Poul owners and notarized by a Scone Waiver can be found at	ant and at least 150 feet from I area, all dwellings, and all No, attach wavier Itry Buffer Zone Waiver. The State of Mississippi appointed
<u> </u>		
Is this facility a contract operation?  Yes	s No	
If yes, what is the name and address of the integ	rator?	
Name: Koch Foods	Address: 4688 Highway 80 Eas	t, Morton, MS

☑	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.				
Ø					
	TRIENT MANAGEMENT PLAN wer the following				
Has	a nutrient management plan been developed?				
	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?   Yes  No				
	date of the last revision of the nutrient management plan. Date: N/A				
Wha	at is the estimated amount of litter generated per year? 1,349 tons/year				
Tota	al acreage needed for land application: 130 Acres				
Tota	al acreage available for land application:				
Will	a third party remove litter off site?				
	If yes, how much litter will be transferred to other persons per year? 1,349 tons/year				
Ifno	ot land applying, describe alternative use(s) of the litter:				

ATTACHMENTS

# 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 <a href="http://www.deq.state.ms.us/MDEQ.nsf/page/epd\_AgriculturalBranchEPD?OpenDocument">http://www.deq.state.ms.us/MDEQ.nsf/page/epd\_AgriculturalBranchEPD?OpenDocument</a> 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		TYPE OF INCINERATOR	
Manufacturer Name:	[	☐ Single chamber ☐ Multiple chamber	
Model Number:			
Capacity (tons/hour):		Other, describe	
where installed on site in degrees, minut Date(s):	tes, and seconds.  Latitude:  Latitude:  Latitude:		

# 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 INFOR	MATION				
Total acreages that w	otal acreages that will be disturbed: 10.5 Acres				
Description of the co size and needed egress a					
Nearest named receiv	ving stream: Dry Creek				
	Il streams, private/public ponds or lakes within ½ mile downstream of project boundary by the construction activity?				
Soil Characteristics: percent slopes.	The soils are classified as OsB2. Ora soils are silt loam, with a heavy substratum consisting of 2 to 5				
found under "SV Permit to Constr	Water Pollution Prevention Plan (SWPPP) that includes the minimum components WPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control ruct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm lance 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 Galante

3.23.26 Date

Dwner

Title