AI#4161 1000000CP

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

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NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS** GENERAL NPDES PERMIT NUMBER MSG150 H1 8

(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: Powe Level Farms		
Mailing Address:		
Street or P.O. Box: 1092 Buckatunna	-Mt.Zion Rd.	
City: Waynesboro	State: Ms.	Zip: 39367
Physical Site Address: (If the physical address	ess is not available indicate the near	rest named road or intersection.)
Street (can not be a P.O. Box): 1092	Buckatunna-Mt. Zion Rd.	
City: Waynesboro	State: Ms.	Zip: 39367
County: Wayne		
Latitude (degrees/min/sec): N31° 36	46.2"	
Longitude (degrees/min/sec): W088°	33' 28.5"	
Nearest named receiving stream: Me	adows Mill Creek	
Facility Telephone No. (Include Area Code):	(601)735-1880	
Facility Fax No. (Include Area Code): n/a		
Facility Cell Phone No. (Include Area Code):	(601)381-5600	
Other Contact Phone Numbers (Include Area	Code):	
Check all that apply:	YPES OF ACTIVITY	
New dry litter poultry operation		
Proposed dry litter poultry operation		
Construction and/or operation of an inc	inerator	
New or expanding operations that will	require construction activities distu	arbing 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): 138,000 Layers (SIC 0252): TOTAL AMOUNT: 138,000 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 proceed to control runoff and procedure	illage etland d
Type of Storage	Total Number of Days	Total Canasity (tons)
Type of Storage	-	Total Capacity (tons)
☐ Roofed Storage Shed	228	133 tons- 1/4 of yrly.production
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify		
Are all poultry houses, that have been constructed 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 approper 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 2 http://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	nents not owned by the applica No, attach wavier arest residential or recreational plicant? Yes s then attach a completed Poul ty owners and notarized by a Scone Waiver can be found at	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The state of Mississippi appointed
CONTRACT INFOMATION		
Is this facility a contract operation?	□ No	
If yes, what is the name and address of the integr	rator?	
Name: Marshall Durbin	Address: P.O. Box 888 Way	nesboro, Ms. 39367

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: 12/06
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
The date of the last revision of the nutrient management plan. Date: 09/03
What is the estimated amount of litter generated per year? 532 tons/year
Total acreage needed for land application: 47 ac. doubled cropped
Total acreage available for land application: 33.0
Will a third party remove litter off site? ☐ Yes ☐ No
If yes, how much litter will be transferred to other persons per year? 160 tons/year
If not land applying, describe alternative use(s) of the litter: n/a

ATTACHMENTS

IĮI. 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	ON TY	TYPE OF INCINERATOR	
Manufacturer Name:		☐ Single chamber	
Model Number:		☐ Multiple chamber	
Capacity (tons/hour):		Other, describe	
DI			
Please provide the manufacture date for where installed on site in degrees, minut Date(s):		Longitude: Longitude: Longitude: Longitude: Longitude: Longitude:	
where installed on site in degrees, minut	les, and seconds. Latitude: Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude: Longitude:	
where installed on site in degrees, minut Date(s): FUEL TYPE AND INCINERATOR T	tes, and seconds. Latitude: Latitude: Latitude: Latitude: Eatitude:	Longitude: Longitude: Longitude: Longitude:	

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:
Description of the construction activity:
Nearest named receiving stream:
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:
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

11/24/06 Date

Owner-operator

Title