AI#19981 Gn P20070001



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.deg.state.ms.us

MAR 2 2 200

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

MDEQ

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG150 421

(Number to be assigned by State)

INSTRUCTIONS PULICAN TEMUSTEBE THE OWNER AND/OR-OPHICATOR OF THE PROPERTY ASSOCIATE WITH THE REQUEATED ACTIVITY, ALL SUBMETTAL SMUST ROLLODE THE FOLLOWING · ANDRIEST MANAGEMENT PLAN O A USGSQUAD VERBURA COPY SHOWING THE SITE LOCATION OF A SITE DRAWING O LA STORMINATUR POLICETION PRIATECTION PLANT, SWPPN AT PHERE IS TO BE ONSTRUCTION WORK POTALING ON FACER OF MORE

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THE SITE DRAWING MUST SHOW THE PROPERTY BOLDING BY AND MUST INDICATE THE APPLICATIONATE LOCATION OF LACIDLAIS LING AND PROPOSED STRUCTLAIS HOUSE.

NOTHER ALOR LINEAU BOA. LAND APPLICATION THE DECOMINOS PING AREA STONE THE STIT DRAWING MUST INCIDE A COMPASS DIRECTION HE ADER

SOBMIT AND LAST INVOLVED PROR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS: AGE FORMS MEST BE SUBMITTED TO CHIEF TEXVIRON VIEW AG PERMITS DIVISION. MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL CHALLTY, AGE BOX HOSSIS, TACK SON AVISSISSIPPIESPESPAGES

ALL QUESTIONS MUSTEBLANSWERED FOR THIS APPLICATION TO BE CONSIDERED ABLOGESTIONS ON THIS FORMIMES LIBE ANSWERED, HEAR BEINGOOS NOT APPLY ENTER NATIONAL MOTARPHICABLE TO SHOW THAT YOU CONSIDERED THE OLD SHOW

Rev. 1/20/04

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Mike Thornton		_
Facility Name:		_
Mailing Address:		
Street or P.O. Box: 908 Huy 487	E.	_
City: Walnut anove	State: //\S Zip: 39/8 9	
Physical Site Address: (If the physical address is not available intersection.)	ilable indicate the nearest named road or	
Street (can not be a P.O. Box) _ GOS Huy	487E	_
City: Walnut Grove	State: _M.5 Zip: <u>3918</u> 9	
County: Leake		
Latitude (degrees/min/sec):		_
Longitude (degrees/min/sec):		.
Nearest named receiving stream:		_
Facility Telephone No. (Include Area Code):		-
Facility Fax No. (Include Area Code):		-
Facility Cell Phone No. (Include Area Code):	601-562-9330	-
Other Contact Phone Numbers (Include Area Code):	601-253-2124	
TYPES OF ACT	TIVITY	_
Check all that apply:	100	
New dry litter poultry operation		
Proposed dry litter poultry operation		
Construction and/or operation of an incinerator		
New or expanding operations that will require construct	tion activities disturbing 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): 224,000 Layers (SIC 0252): TOTAL AMOUNT: 224,000 Housed under roof Open confinement	Check any of the following to control runoff and Buffers Setbacks Conservation Constructed v	Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter		
TYPES OF DRY LITTER CONTAINMENT Check all that apply and indicate total days of storage and		N/A		
Type of Storage	Total Number of Days	Total Capacity (tons)		
Roofed Storage Shed				
Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify				
Are all incinerators at least 150 feet from the near light commercial buildings not owned by the application. NOTE: If answered no to any of these questions wavier must be completed by all affected property. Notary Public. A copy of the Dry Litter Buffer Zohttp://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	nents not owned by the applic No, attach wavier rest residential or recreational licant? Yes then attach a completed Pour y owners and notarized by a sone Waiver can be found at	ant and at least 150 feet from al area, all dwellings, and all No, attach wavier altry Buffer Zone Waiver. The State of Mississippi appointed		
CONTRACT INFOMATION				
Is this facility a contract operation? Yes	☐ No			
If yes, what is the name and address of the integral	tor?			
Name: Tyson food	Address: Forest			

ATTACHMENTS	3				
facility and cle within ¼ mile must be identif	early show all springs of the facility. Addit fied. Quad maps can	s and surface w tionally, all put be obtained fr	rater bodies in to blic drinking w om MDEQ Off	the area, plus all cells within one n fice of Geology	at (601) 961-5523.
each existing a	rawing showing the p and proposed structure site drawing must in	e (house, incin	erator, dead bo	x, land applicati	on field, composting
NUTRIENT MAN Answer the following	AGEMENT PLAN				2.
Has a nutrient mana	gement plan been de	veloped? [Yes [No .	
If yes, when wa	as the nutrient manag	ement plan sub	omitted? Da	ite:	-04.
If no, when will	I the nutrient manage	ment plan be	leveloped? I	Date:	
Is a nutrient manage	ment plan already be	ing implement	ed for the facil	ity? X Yes	☐ No
The date of the last r	evision of the nutrier	nt management	plan. Date	e: 03-01-	67
What is the estimated				96 ton	
Total acreage needed	for land application	:	_		
Total acreage availab	le for land application	on:	_		
Will a third party ren	nove litter off site?	¥ Yes	☐ No		
If yes, how much	n litter will be transfe	erred to other p	ersons per year	?	tons/year
If not land applying,	lescribe alternative u	se(s) of the litt	er:		1

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 mentality inchestions is for inchestions that have previously submitted approved stack tests on Members visit http://www.doc.esie.ms.is/MDPO.esi/pageend. Activation/Branch-PD 'OpenDecoment क्टबी (की) श्री की है। Carcasses generated at facilities ofter 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 magnals such as leaves, trash, and construction delots, are strictly forbidden MANUFACTURER'S INFORMATION TYPE OF INCINERATOR Manufacturer Name: Single chamber Model Number: Multiple chamber Capacity (tons/hour): 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: Longitude: Latitude: 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

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE Check this box if this section does not apply

NOTE: If the project is retouting, lithing, or crossing a water conveyance of any laint, could use U.S. Army Corps of Engineers regulatory branch for pross life permitting requirements. If the project requires a Corps of Engineer Section 404 Permittiprovide 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: Construction of 4 new positry houses
Nearest named receiving stream: Steading Not Creat 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: Sweetman Fire Sorey Som
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 Perior, page 3; as follows:

- For a comparation, by a responsible comparate officer.
- c. In a partnership, by a general parinar
- c. 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

Title

Owner of Farm

03-02-07

Date