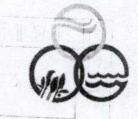
Gn P20080001

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



NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150471

(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: Larry B. Walker Larry B. Walker Poultry Facility Name: Mailing Address: Street or P.O. Box: 462 Walker Road Macon State: MS Zip: 39341 City: 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) 462 Walker Road (nacon, Ms State: MS Zip: 3934/ County: NOXubee Latitude (degrees/min/sec): 33.08066071613023 Longitude (degrees/min/sec): _ - 88, 5513 600 866 74457 Nearest named receiving stream: NOXUbea River 662-726-5910 Facility Telephone No. (Include Area Code): NONE Facility Fax No. (Include Area Code): 662-361-7108 Facility Cell Phone No. (Include Area Code): NOME Other Contact Phone Numbers (Include Area Code): TYPES OF ACTIVITY Check all that apply: New dry litter poultry operation Proposed dry litter poultry operation Construction and/or operation of an incinerator New or expanding operations that will require construction activities disturbing one acre or more

CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS: TYPE AND AMOUNT OF CHICKENS BEST MANAGEMENT PRACTICES (BMP) Check all that apply and indicate the amounts Check any of the following BMPs that will be implemented to control runoff and protect water quality Boilers (SIC 0251): 180,750 Buffers Setbacks Layers (SIC 0252): Conservation tillage Constructed wetland TOTAL AMOUNT: Infiltration field Grass filter Housed under roof Terrace Open confinement TYPES OF DRY LITTER CONTAINMENT, STORAGE, AND CAPACITY Check all that apply and indicate total days of storage and their capacity in tons Type of Storage **Total Number of Days Total Capacity (tons)** 180 Roofed Storage Shed Concrete Pad Impervious Soil Pad Other: Specify SITING CRITERIA Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? No. attach wavier Yes Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? Yes No, attach wavier - No+ applicable NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed

Is this facility a contract operation? Yes \Box\ No

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

Name: Peco Roods Inc. Address: Gordo, AL.

Notary Public. A copy of the Dry Litter Buffer Zone Waiver can be found at

or call (601) 961-5171.

http://www.deq.state.ms.us/MDEQ.nsf/page/epd AgriculturalBranchEPD?OpenDocument

ACHMENTS					
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 bour each existing and proposed structure (house, incarea, etc). The site drawing must include a com-	cinerator, dea	d box, land application field, composting			
NUTRIENT MANAGEMENT PLAN Answer the following					
Has a nutrient management plan been developed?	Yes	□ No			

NUTRIENT MANAGEMENT PLAN Answer the following
Has a nutrient management plan been developed?
If yes, when was the nutrient management plan submitted? Date: attached
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility?
The date of the last revision of the nutrient management plan. Date: 2 · 08
What is the estimated amount of litter generated per year? 1289 tons/year
Total acreage needed for land application: 106.5
Total acreage available for land application: 215.2
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

or call (601) 961-5171.

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

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 TYPE	OF INCINERATOR	
Manufacturer Name:		ngle chamber	
Model Number:	Mu	altiple chamber	
Capacity (tons/hour):	Ott	Other, describe	
		ete the letitude and longitude accordinate	
Please provide the manufacture date for e	ach incinerator and indicas, and seconds. Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude:	
	ach incinerator and indicates, and seconds. Latitude: Latitude:	Longitude: Longitude: Longitude:	

as been approved.	t the project		
Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.			
PROJECT INFORMATION			
otal acreages that will be disturbed: about 10 acres			
Description of the construction activity: To build an access Road	l and		
a 650 Feet 1600 Feet pad on which six 5	o feet		
+ 500 feet poultry houses will be constructed			
learest named receiving stream: Noxubee River			
are there recreational streams, private/public ponds or lakes within ½ mile downstream of project may be impacted by the construction activity? Yes No	ject boundary		
oil Characteristics: Prentiss Fine Sondy Loan			

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.

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S.

Check this box if this section does not apply

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.

Lary & Waller Signature of Responsible Official	2)21)2008 Date
Signature of Responsible Official	Date
OWNER	
Title	