AI# 24042 Grp20090001



Mississippi Department of Environmental Quality
Office of Pollution Control – Environmental Permits Division
POST OFFICE BOX 2261 • JACKSON, MS 39225-2261
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www.deg.state.ms.us



DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS
NOTICE OF INTENT (DLPNOI)
FOR COVERAGE UNDER
MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG200073
(Number to be assigned by State)

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

ALL SUBMITTALS WITH THIS DLPNOI MUST INCLUDE:

- A CURRENT NUTRIENT MANAGEMENT PLAN (SEE SECTION II)
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING

ADDITIONAL SUBMITTALS MAY INCLUDE THE FOLLOWING IF APPLICABLE:

- APPROPRIATE SECTION 404 DOCUMENTATION (WETLANDS)
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE
- CONTIGUOUS LAND OWNER NOTIFICATION(S) AS IDENTIFIED IN CONDITION S-2, ACT2
 OF THE DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS MULTIMEDIA GENERAL
 POLLUTION CONTROL PERMIT NO. MSG20.

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, LITTER STORAGE STRUCTURE, 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 2261, JACKSON, MISSISSIPPI 39225-2261.

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: THANIE DIANE TYNES				
Facility Name: DIANE TYNES POOLTRY				
Mailing Address:				
Street or P.O. Box: 142 SAWMILL RD				
City: SAIND9 HOOK State: MS Zip: 39478				
Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)				
Street (can not be a P.O. Box) SAME				
City: State: Zip:				
County: WALTHALL Latitude (degrees/min/sec): 6,P,S N 31 30.78"				
Latitude (degrees/min/sec): 6.P.S N 31 30.78				
Longitude (degrees/min/sec): $W8954'49.11''$				
Nearest named receiving stream: PUShPATTAPACREEK				
Facility Telephone No. (Include Area Code): 601-222-21821790				
Facility Fax No. (Include Area Code):				
Facility Cell Phone No. (Include Area Code): 601-441-4133				
Other Contact Phone Numbers (Include Area Code):				
TYPES OF ACTIVITY				
Check all that apply:				
Existing dry litter poultry operation that is not proposing an increase in the number of houses				
Construction and/or operation of an incinerator				
New or expanding operations that will require construction activities disturbing one acre or more				

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts, Broilers (SIC 0251): 25,000 per Louse Layers (SIC 0252): TOTAL AMOUNT: Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT,	Check any of the following control runoff from your states and the suffers are conservation to the constructed we are constructed with the construction of the construction	tland	
Check all that apply and indicate total days of storage and the	heir capacity in tons		
Type of Storage	Total Number of Days	Total Capacity (tons)	
Roofed Storage Shed	365	3 2	
Concrete Pad			
Impervious Soil Pad			
Other: Specify			
Are all incinerators at least 150 feet from the near light commercial buildings not owned by the appl 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 Poultry B Forms Package or by calling (601) 961-5171 or at http://www.deq.state.ms.us/MDEQ.nsf/page/epd	est residential or recreationa icant? Yes then attach a completed Pour owners and notarized by a suffer Zone Waiver can be for	ant and at least 150 feet from all l area, all dwellings, and all No, attach wavier ltry Buffer Zone Waiver. The State of Mississippi appointed und in the Dry Litter Poultry	
CONTRACT INFORMATION			
Is this facility a contract operation? Yes \Box			
If yes, what is the name and address of the integra	tor?		
Name: SAMDERSON FARMS INCAddress: P.O. BOX 1665 MCCOMD MS 39649-1665			
		39649 1660	

Appendix A (ACT 2, S-1)

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II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS (continued):

ATTACHMENTS
 Attach a USGS quad map or a 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 My most current and up to date nutrient management plan was developed on
I understand that my nutrient management plan identified above expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.
The expiration date of my current plan is $1/-/8-/3$
Is a nutrient management plan already being implemented for the facility? Yes No
What is the estimated amount of litter generated per year?
Total acreage needed for land application: 229.7
Total acreage available for land application: 229.7
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		
	Yes, there will be mortality incineration equipment located at the facility. This page must be completed.		
₽	No, there will be no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections III and V. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.		
har ple or Ca	OTE: Coverage for construction and/or operation of poultry mortality incinerators is for incinerators that we previously submitted approved stack test. For a list of incinerators that have approved stack tests on file case visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument call (601) 961-5171. reasses generated at facilities other than the one identified in this DLPNOI are not permitted for incineration under this coverage. Only chicken carcasses generated on site are permitted for incineration. I other materials such as leaves, trash, and construction debris, are strictly forbidden.		
M	ANUFACTURER'S INFORMATION TYPE OF INCINERATOR		
Ma	nufacturer Name: Single Chamber		
Mo	odel Number: Multiple Chamber		
Ca	pacity (tons/hour): Other, describe		
T	OTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION		
T	otal number of incinerators on site:		
	lease provide the manufacture date for each incinerator and indicate the latitude and longitude bordinates where installed on site in degrees, minutes, and seconds. Date(s): Latitude: Latitude: Latitude: Latitude: Longitude: Longitude: Longitude: Longitude:		
FU	EL TYPE AND INCINERATOR TEMPERATURE RANGE		
Fue	al Type: uel oil is burned, what is the sulfur content of the oil?		
Inci	nerator operating temperature range°F		

IV.	CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE					
	Yes, there will be new construction activities disturbing one or more acres of land. This page must be completed.					
Ø	No, there will be no new construction activities disturbing one or more acres of land. If at a future date you wish to engage in construction activities disturbing one or more acres of land, you must submit an updated DLPNOI by completing Sections IV and V. Engaging in construction activities that disturb on or more acres of land without a modified coverage or issuance of an individual permit is a violation of state law.					
IS '	OCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND es or No)? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).					
IF DO	THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE OCUMENTATION WITH THIS DLPNOI THAT:					
	•The project has been approved by individual permit, or • The work will be covered by a nationwide permit and NOTIFICATION to the Corps is required, or • The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required					
INI	DICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:					
PR	OJECT INFORMATION					
Tot	tal acreages that will be disturbed:					
De:	scription of the construction activity:					
Ne	arest named receiving stream:					
	t there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary may be impacted by the construction activity?					
Soi	l Characteristics:					
	Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under ACT 8, Conditions T-3 through T-10 of the Multimedia General Pollution Control Permit to Manage Litter From a Dry Litter Poultry Operation and/or Construct/Operate Air Emission Equipment and/or Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System.					

V. CERTIFICATION

Note: This application shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I certify under penalty of law that this document and all attachmen supervision in accordance with a system designed to assure that quevaluated the information submitted. Based on my inquiry of the p	ualified personnel properly gathered and
or those persons directly responsible for gathering the information of my knowledge and belief, true, accurate and complete. I am awasubmitting false information, including the possibility of fine and it	are that there are significant penalties for
Thane Deane Types	2-5-09

Signature of Responsible Official

Thank Plane Tynes

owner

Printed Name Title