AI#1125
MSG200518
GNP20090001

I. GENERAL INFORMATION:

RECEIVED
FEB 25 2009
MDEQ

CONTACT AND FACILITY INFORMATION

Name of Owner: Micah Cromwell

Facility Name: Micah Cromwell farm

Mailing Address:

Street or P.O. Box: 84 CR 291

City: Bay Springs State: MS Zip: 39422

Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)

Street (can not be a P.O. Box) County Road 291 near Hwy 528

City: Bay Springs State: MS Zip: 39422

County: Jasper

Latitude (degrees/min/sec): 31° 58' 36.3354

Longitude (degrees/min/sec): -89° 16' 46.4664

Nearest named receiving stream: Nuckfluppa

Facility Telephone No. (Include Area Code): 601 764-6504

Facility Fax No. (Include Area Code):

Facility Cell Phone No. (Include Area Code): 601 616-0389

Other Contact Phone Numbers (Include Area Code): 601 527-6728

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

- [x] Broilers (SIC 0251): 11,000
- [ ] Layers (SIC 0252): _____

TOTAL AMOUNT: 11000

- [x] Housed under roof
- [ ] Open confinement

BEST MANAGEMENT PRACTICES (BMP)
Check any of the following BMPs that will be implemented to control runoff from your site and protect water quality

- [ ] Buffers
- [ ] Setbacks
- [ ] Conservation tillage
- [ ] Constructed wetland
- [ ] Infiltration field
- [ ] Grass filter
- [ ] Terrace

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)
[x] Roofed Storage Shed	360	660
[ ] 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? [ ] Yes [x] No, attach wavier

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? [x] Yes [ ] No, attach wavier

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 Notary Public. A copy of the Dry Litter Poultry Buffer Zone Waiver can be found in the Dry Litter Poultry Forms Package or by calling (601) 961-5171 or at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument

CONTRACT INFORMATION

Is this facility a contract operation? [x] Yes [ ] No

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

Name: Peco Farms Address: PO Box 1320 Bay Springs MS 39422

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 2007.
(Date)

Doyle Mhea SCT 2-23-09

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 2009.

Is a nutrient management plan already being implemented for the facility? ☒ Yes ☐ No

What is the estimated amount of litter generated per year? 660 tons/year

Total acreage needed for land application: _____

Total acreage available for land application: _____

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.

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 DLPNOI 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

Manufacturer Name: Destructor and a Destructor JR

Model Number: 500 lbs in 4½ hrs

Capacity (tons/hour): 100 lbs in 1 hrs

TYPE OF INCINERATOR

☑ Single Chamber

☐ Multiple Chamber

☐ Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: 2

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:
1998 (JR)	31° 58' 36.3396"	-89.279574
2003		

FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: Propane

If fuel oil is burned, what is the sulfur content of the oil? _____%

Incinerator operating temperature range 1000 - 1320 °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.

☑ 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 one or more acres of land without a modified coverage or issuance of an individual permit is a violation of state law.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND (Yes or No)? _____. (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).

IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION WITH THIS DLPNOI THAT:

- **The project has been approved by individual permit, or**
- **The work will be covered by a nationwide permit and NO 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**

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:

_____

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 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 attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Micah Cromwell — 2-23-09

Signature of Responsible Official — *Date*

Micah Cromwell — Owner

Printed Name — *Title*