



Mississippi Department of Environmental Quality
Office of Pollution Control – Environmental Permits Division

POST OFFICE BOX 2261 • JACKSON, MS 39225-2261 TEL: (601) 961-5171 • FAX: (601) 354-6612

www.deq.state.ms.us



DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS

NOTICE OF INTENT (DLPNOI)

FOR COVERAGE UNDER

MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG20 1 039

(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.

<u>ALL QUESTIONS MUST BE ANSWERED.</u> 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: Mark + Circly Jenkins			
Facility Name: JAM FormS			
Mailing Address:			
Street or P.O. Box: 2405 COSh Bd			
City: Leva State: MS Zip: 39194			
Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)			
Street (can not be a P.O. Box) 299 County Line Rd			
City: Lena State: MS Zip: 39094			
County: SCOLL			
Latitude (degrees/min/sec): 32 deg 34 min 4 sec N			
Longitude (degrees/min/sec): 89 deg 34 min 5 sec W			
Nearest named receiving stream: Slay Creek			
Facility Telephone No. (Include Area Code): (201-625-1286			
Facility Fax No. (Include Area Code): (001-625-120)			
Facility Cell Phone No. (Include Area Code): (OL-562.997)			
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): 141,260 Layers (SIC 0252): TOTAL AMOUNT: 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 following control runoff from your single Buffers Buffers Conservation till Constructed wet Infiltration field Grass filter Terrace STORAGE, AND CAPACI	tland		
Type of Storage	Total Number of Days	Total Capacity (tons)		
☐ Roofed Storage Shed	95.290 180 day	260		
Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify Compost				
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? 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 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? Yes No				
If yes, what is the name and address of the integrator?				
Name: Koch Address: Morton MS				

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

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 1/2 mile of the facility. Additionally, all public deighing walls within any mile of the facility must
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 03-22-2007. (Date)
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 $\frac{3-32-3012}{}$.
Is a nutrient management plan already being implemented for the facility? Yes No
What is the estimated amount of litter generated per year?i tons/year
Total acreage needed for land application: 1980 cres
Total acreage available for land application: 35,2 acres on 332 tons
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:

ATTACHMENTS

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 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. Latitude: Date(s): Longitude: Latitude: Longitude: Latitude: Longitude: Latitude: Longitude:

FUEL TYPE AND INCINERATOR TEMPERATURE	ERANGE
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
	Yes, there will be new construction activities disturbing one or more acres of land. This page must be completed.
P.	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 <u>violation</u> of state law.
IS'	OCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND s or No)? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).
	THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE CUMENTATION 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	al acreages that will be disturbed:
De	scription of the construction activity:
Nea	arest named receiving stream:
	there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary may be impacted by the construction activity? Yes No
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 attachments were prepared under my direction o	r
supervision in accordance with a system designed to assure that qualified personnel properly gathered an	nd
evaluated the information submitted. Based on my inquiry of the person or persons who manage the systematical systems are submitted.	em.
or those persons directly responsible for gathering the information, the information submitted is, to the be	est
of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties to	for
submitting false information, including the possibility of fine and imprisonment for knowing violations.	

Signature of Responsible Official

Date

Charles FENKINS

2-21.09

2-21-09

Printed Name

Title