







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.deg.state.ms.us

APR 2 8 2009



FOR COVERAGE UNDER

MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG201573

(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: DOBETZT DICKETSON
Facility Name: ROBERT DICKERSON POULTRY
Mailing Address:
Street or P.O. Box: 6112 UPPER GLADING ROAD
City: State: MS Zip: 39666
Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)
Street (can not be a P.O. Box)
City: State: Zip:
County: AMITE
Latitude (degrees/min/sec): N 31° 14′ 35.7″
Longitude (degrees/min/sec): W 090° 34′ 28.8″
Nearest named receiving stream: WILSON CREEK
Facility Telephone No. (Include Area Code): (601) 684 · 7447
Facility Fax No. (Include Area Code):
Facility Cell Phone No. (Include Area Code):
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): 234,000 Layers (SIC 0252): TOTAL AMOUNT: 234,000		age
Housed under roof Open confinement	☐ Infiltration field ☐ Grass filter ☐ Terrace	and
TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and t		TY
Type of Storage	Total Number of Days	Total Capacity (tons)
	HEW/EVER DE PORT	
Concrete Pad		
Impervious Soil Pad		
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishme adjoining property lines? Are all incinerators at least 150 feet from the neal light commercial buildings not owned by the app NOTE: If answered no to any of these questions wavier must be completed by all affected propert Notary Public. A copy of the Dry Litter Poultry Forms Package or by calling (601) 961-5171 or a http://www.deq.state.ms.us/MDEQ.nsf/page/epd	ents not owned by the applica No, attach wavier rest residential or recreational licant? Yes then attach a completed Poulty owners and notarized by a Suffer Zone Waiver can be found	I area, all dwellings, and all No, attach wavier Itry Buffer Zone Waiver. The State of Mississippi appointed und in the Dry Litter Poultry
Is this facility a contract operation? Yes If yes, what is the name and address of the integr		
Name: SANDERSON FARMS	Address: P.O. Box 988	LALIZEL, MS 39441

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

fac wi	tach a USGS quad map or a copy that extends at least one mile beyond the property boundaries of the cility and clearly show all springs and surface water bodies in the area, plus all drinking water wells thin ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.
cae	tach a site drawing showing the property boundaries and must indicate the approximate location of ch existing and proposed structure (house, incinerator, dead box, land application field, composting ea, etc). The site drawing must include a compass direction header.
	IENT MANAGEMENT PLAN the following
My mo	st current and up to date nutrient management plan was developed on FEB' 09 (Date)
	stand that my nutrient management plan identified above expires five years from the date it was oed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration
The ex	piration date of my current plan is FEB '14
Is a nut	rient management plan already being implemented for the facility? Yes No
What is	s the estimated amount of litter generated per year? 1799.4 tons/year
Total a	creage needed for land application:
-	creage available for land application:
Will a	third party remove litter off site?
If	yes, how much litter will be transferred to other persons per year? 1799.4 tons/year
	and applying, describe alternative use(s) of the litter:
	N/A
7	

ATTACHMENTS

III. CONSTRUCTION AND/OR OPERAT INCINERATOR	ΓΙΟΝ OF A POULTRY MORTALITY	
Yes, there will be mortality incineration equipm	nent located at the facility. This page must be completed.	
you wish to construct and/or operate poultry mo updated DLPNOI by completing Sections III an	on equipment located at the facility. If at a future date ortality incincration equipment, you must submit an ad V. Constructing and operating poultry mortality erage or issuance of individual permits is a violation of	
have previously submitted approved stack test. For please visit http://www.deq.state.ms.us/MDEQ.nsf/ or call (601) 961-5171. Carcasses generated at facilities other than the one is	identified in this DLPNOI are not permitted for casses generated on site are permitted for incineration.	
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR	
Manufacturer Name:	Single Chamber	
Model Number:	☐ Multiple Chamber	
Capacity (tons/hour):	Other, describe	
Latitud Latitud	nerator and indicate the latitude and longitude	
FUEL TYPE AND INCINERATOR TEMPERA Fuel Type: If fuel oil is burned, what is the sulfur content of the		

3	Yes, there will be new construction activities disturbing one or more acres of land. This page must be completed.
1	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 T (Ye:	CCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND S OF 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:
DO	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
INI	DICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:
	OJECT INFORMATION
PR	
PR Tot	OJECT INFORMATION
PR Tot De:	OJECT INFORMATION tal acreages that will be disturbed:
PR Tot Des	OJECT INFORMATION tal acreages that will be disturbed: scription of the construction activity:

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.

4/12/09

Date

Signature of Responsible Official

PROPRIETOR

Printed Name Title