

GMP20110001

A1# 4/07



Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

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NOTICE OF INTENT (NOI) FOR COVERAGE UNDER THE MULTIMEDIA GENERAL PERMIT INCLUDING NPDES REQUIREMENTS FOR CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL PERMIT NUMBER (assigned by State) **MSG220050**

Instructions for completing this NOI can be found on page 4

I. GENERAL INFORMATION

Facility Name: PRAIRIE Livestock, Inc

Owner Name: Jimmy Bryan

Mailing Address - Street or P.O. Box: P.O. Drawer 636

City: WEST POINT State: MS Zip: 39773

Physical Site Address - Street (can not be a P.O. Box): 3464 Barton Ferry Road

City: WEST POINT State: MS Zip: 39773

County: CLAY Latitude: _____ Longitude: _____

Facility Telephone: (662) 494 5651 Facsimile: (662) 494 2672

Cellular Phone: (662) 574 -3005 Other: (662) 494 5652

Email: phil m@prairie livestock.net

If Contract operation: _____ Name of Integrator: _____

Address of Integrator: _____

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input type="checkbox"/> Swine (55 lbs. or over)	_____	_____	<input type="checkbox"/> Veal Calves	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	_____	<input type="checkbox"/> Horses	_____	_____
<input type="checkbox"/> Chickens (broilers)	_____	_____	<input type="checkbox"/> Sheep or Lambs	_____	_____
<input type="checkbox"/> Chickens (layers)	_____	_____	<input type="checkbox"/> Turkeys	_____	_____
<input type="checkbox"/> Mature Dairy Cows	_____	_____	<input type="checkbox"/> Ducks	_____	_____
<input type="checkbox"/> Dairy Heifers	_____	_____	<input type="checkbox"/> Other: Specify	_____	_____
<input checked="" type="checkbox"/> Cattle	<u>1075</u>	_____			
(not dairy or veal calves)	<u>Weekly</u>	_____			

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II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 4578 tons _____ gallons
- If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? _____ tons _____ gallons 136.1 ACRES
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? NONE tons NONE gallons

C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Number of Days	Total Capacity (in gallons)
<input type="checkbox"/> Anaerobic Lagoon	_____	_____
<input checked="" type="checkbox"/> Storage Lagoon	_____	<u>4,969,766</u>
<input type="checkbox"/> Roofed Storage Shed	_____	_____
<input type="checkbox"/> Concrete Pad	_____	_____
<input type="checkbox"/> Impervious Soil Pad	_____	_____
<input type="checkbox"/> Underfloor Pits	_____	_____
<input type="checkbox"/> Aboveground Storage Tanks	_____	_____
<input type="checkbox"/> Belowground Storage Tanks	_____	_____
<input type="checkbox"/> Other: Specify _____	_____	_____

D. NUTRIENT MANAGEMENT PLAN (NMP)

- Number of existing houses/barns: 2
Number of proposed houses/barns: _____
- A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. ☒ Yes ☐ No
- Please indicate whether a NMP is included with this NOI. If no, please explain below. ☒ Yes ☐ No
Explanation: _____
- If a current NMP is on file at the MDEQ office, please provide the date of this plan. Date: _____
- Is a NMP being implemented for the facility? ☒ Yes ☐ No
- If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:

- The NMP has been changed as follows:

Note: This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.

E. LAND APPLICATION BEST MANAGEMENT PRACTICES (BMP)

If land applying, please check any of the following BMPs that are being implemented to control runoff and protect water quality:

- ☒ Buffers ☐ Setbacks ☐ Conservation tillage ☐ Constructed wetland ☐ Infiltration field ☒ Grass filter ☐ Terrace

III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR

- ☐ Yes, there will be mortality incineration equipment located at the facility. Complete Appendix A1
- ☒ No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A1. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.

IV. NEW OR EXPANDING OPERATIONS

For the purposes of this NOI, a new or expanding operation is a facility that is proposing any of the following:

- adding a new barn, or manure, litter, or wastewater storage/containment structure, or
- increasing the footprint of an existing barn, or manure, litter, or wastewater storage/containment structure, or
- is disturbing more than one acre of land, in accordance with the Multimedia CAFO GP MSG22 (ACT1, Condition T-2(3)).

- ☐ Yes, this is a new or expanding operation. If you are proposing to disturb more than one acre but less than 10 acres, complete Appendix A2. You must also read ACT3 of the Multimedia CAFO GP, MSG22 to determine what other appendices may be required to be submitted. Other required appendices may include, Appendices J, K, and/or L.
- ☒ No, this is not a new or expanding operation. If at a future date you wish to expand your operations, you must submit an updated Multimedia CAFO GP NOI, completing sections IV and V of this NOI, Appendix A2, and submit an updated NMP. Expanding operations without written notification of a modified coverage or issuance of individual permits is a violation of state law.

V. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-13, 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.

Phil McClellan
Signature of Responsible Official

7/6/2011
Date

Phil McClellan
Name of Responsible Official (Printed or Typed)

V.P. MGR
Title