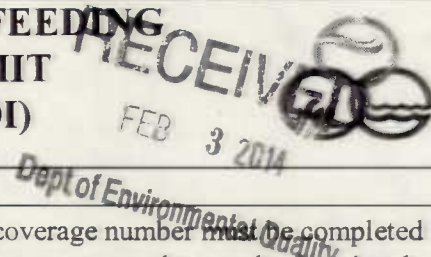


48960



**DRY LITTER POULTRY ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (DLPNOI)**



COVERAGE NUMBER: MSG20 0467 0407. For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Re-coverage.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Katherine Hill, Sister Farm

Facility Name: Sister Farm (Daniel Westhrook)

Mailing Address:

Street or P.O. Box: 1405 SCR 86

City: Mize State: MS Zip: 39116

Physical Site Address:

Street (can not be a P.O. Box) 5857 Hwy 37

City: Taylorville State: MS Zip: 39168

County: Smith

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-782-9681

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-323-3359

Other Contact Phone Numbers (Include Area Code): 601-498-3456

Contact Email: bigdaddy46@bell.south.net

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 4

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): _____

☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of houses or animal type (ie. broilers or layers)?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

Check type and indicate amount

☐ Broiler (SIC 0251): _____ ☐ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? ☐ No ☒ Yes- Integrator Name: Peco Farms Bay Springs, MS

C. TYPE OF DRY LITTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the litter storage type or the capacity?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

List type of dry litter storage and capacity (tons): _____

D. NUTRIENT MANAGEMENT PLAN

If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:

Development Date: Feb 10, 2010 ~~Jan 31, 2014~~ Expiration Date: Jan 31, 2014

The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

*NRCS promised new plan by Feb 14, 2014
Thanks
I will mail as soon as I get it!*

• **III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR**

☒ No, there is 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 IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

☐ Yes, there is mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators, or the fuel type burned?

☐ No ☐ Yes – Identify Changes: _____

For New Facilities:

Manufacturer Name: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

IV. CERTIFICATION

Note: This NOI 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 understand that my nutrient management plan identified Section II. D. 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.

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.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.

Kathy Hill
Signature of Responsible Official

1/31/14
Date

Kathy Hill
Printed Name

Owner
Title

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

RECEIVED
FEB 3 2014
Dept of Environmental Quality

<p>Item I.</p> <p>Facility Name: <u>Daniel Westbrook Poultry</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>5857 Hwy 37</u></p> <p>City: <u>Taylorville</u> State: <u>MS</u> Zip: <u>39168</u></p> <p>County: <u>SMITH</u></p> <p>Telephone: (<u>601</u>) <u>323-3361</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Katherine Hill</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1405 SCR 86</u></p> <p>City: <u>MIZE</u> State: <u>MS</u> Zip: <u>39114</u></p> <p>Telephone: (<u>601</u>) <u>782-9681</u></p>								
<p>Item III.</p> <p>Previous Permittee¹: <u>Daniel Westbrook</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>5969 Hwy 37</u></p> <p>City: <u>Taylorville</u> State: <u>MS</u> Zip: <u>39168</u></p> <p>Telephone: () </p>	<p>Item IV.</p> <p>New Permittee¹: <u>Katherine Hill</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1405 SCR 86</u></p> <p>City: <u>MIZE</u> State: <u>MS</u> Zip: <u>39114</u></p> <p>Telephone: (<u>601</u>) <u>782-9681</u></p>								
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>0251</u></p> <p>Brief Description:</p> <p><u>MSG 200467 4 broiler houses</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>								
<p>Item VII.</p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Sister Farm</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>								
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Daniel Westbrook</u></p> <p>To: <u>Katherine Hill</u> Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <u>Katherine Hill</u> Print New Permittee¹ Name </td> <td style="width: 50%; text-align: center;"> <u>Daniel Westbrook</u> Print Previous Permittee¹ Name </td> </tr> <tr> <td style="text-align: center;"> <u>Katherine Hill</u> New Authorized Signature </td> <td style="text-align: center;"> <u>Daniel Westbrook</u> Previous Authorized Signature </td> </tr> <tr> <td style="text-align: center;"> <u>owner</u> Title </td> <td style="text-align: center;"> <u>lease purchase</u> Title </td> </tr> <tr> <td style="text-align: center;"> <u>1/31/14</u> Date </td> <td style="text-align: center;"> <u>1/31/14</u> Date </td> </tr> </table>		<u>Katherine Hill</u> Print New Permittee ¹ Name	<u>Daniel Westbrook</u> Print Previous Permittee ¹ Name	<u>Katherine Hill</u> New Authorized Signature	<u>Daniel Westbrook</u> Previous Authorized Signature	<u>owner</u> Title	<u>lease purchase</u> Title	<u>1/31/14</u> Date	<u>1/31/14</u> Date
<u>Katherine Hill</u> Print New Permittee ¹ Name	<u>Daniel Westbrook</u> Print Previous Permittee ¹ Name								
<u>Katherine Hill</u> New Authorized Signature	<u>Daniel Westbrook</u> Previous Authorized Signature								
<u>owner</u> Title	<u>lease purchase</u> Title								
<u>1/31/14</u> Date	<u>1/31/14</u> Date								

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. <u>1-48960</u></p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>DLPAFO</u></p> <p>Permit/Coverage No.: <u>MSG 200467</u></p> <p>Permit Issuance Date: <u>2/10/2010</u></p> <p>Date of General Permit Coverage: <u>1/31/2009</u></p> <p>Permit Expiration Date: <u>1/31/2014</u></p>	<p>Permit Type: <u>DLPAFO</u></p> <p>Permit/Coverage No.: <u>MSG 200467</u></p> <p>Permit Issuance Date: <u>2/10/2010</u></p> <p>Date of General Permit Coverage: <u>1/31/2009</u></p> <p>Permit Expiration Date: <u>1/31/2014</u></p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>



*State of Mississippi
Department of Environmental Quality
Office of Pollution Control*

Certificate of Permit Coverage

under Mississippi's Multimedia General Pollution Control Permit with applicable federal requirements for a Dry Litter Poultry Animal Feeding Operation (DLPAFO)

Be it known

**Daniel Westbrook, Poultry
Tylorsville, Mississippi
Smith County**

having submitted an acceptable Notice of Intent, is hereby granted this Certificate of Permit Coverage in order to construct and/or operate a AFO poultry operation, to include:

Production Area - 4 Poultry Houses
Land Application - 139.5 Acres needed for Land Application

*Coverage No: MSG200467
Date of Coverage: February 10, 2010
Date Coverage Expires: January 31, 2014*

Chief, Environmental Permits Division

48960 GNP20090001