



CONCENTRATED ANIMAL FEEDING  
OPERATION GENERAL PERMIT  
NOTICE OF INTENT (CAFO NOI)

SEP 09 2015



COVERAGE NUMBER: MSG22 0033. 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

Facility Name: Prestage Farms MS, Inc. PM-1 & PM-2  
Owner Name: Prestage Farms MS  
Mailing Address - Street or P.O. Box: PO Box 1425  
City: West Point State: MS Zip: 39773  
Physical Site Address - Street (can not be a P.O. Box): 128 Whispering Pines  
City: Crawford State: MS Zip: 39743  
County: \_\_\_\_\_ Latitude: 88° 32' 24.983" W Longitude: 33° 17' 47.005" N  
Facility Telephone: (662) 272-5137 Fax: (\_\_\_\_) \_\_\_\_\_  
Contact Cell No.: (662) 295-0913 Other: (\_\_\_\_) \_\_\_\_\_  
Contact Email: terrye@prestagefarms.com  
If Contract operation: Name of Integrator: Prestage Farms

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 checked="" type="checkbox"/> Swine (55 lbs. or over)	<u>0</u>	<u>7200</u>	<input type="checkbox"/> Dairy Cows	<u>/</u>	<u>/</u>
<input type="checkbox"/> Swine (under 55 lbs.)	<u>0</u>	<u>8400</u>	<input type="checkbox"/> Heifers	<u>/</u>	<u>/</u>
<input type="checkbox"/> Chickens (broilers)	<u>/</u>	<u>/</u>	<input type="checkbox"/> Veal Calves	<u>/</u>	<u>/</u>
<input type="checkbox"/> Chickens (layers)	<u>/</u>	<u>/</u>	<input type="checkbox"/> Other: Specify	<u>/</u>	<u>/</u>
<input type="checkbox"/> Cattle (not dairy or veal calves)	<u>/</u>	<u>/</u>			

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

- How much manure, litter, and wastewater is generated annually by the facility? \_\_\_\_\_ tons or 12,228,410 gallons
- How many acres of land, under the control of the applicant, are available for land application? 326.2 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 tons 0 gallons

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

### 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 Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>3,096,286</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

### D. NUTRIENT MANAGEMENT PLAN (NMP)

- Number of existing houses/barns: 24  
Number of proposed houses/barns: 0
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).  
CNMP Development Date: Nov 2013 CNMP Expiration Date: Oct 2018
- A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. ☒ Yes ☐ No

**Note: The 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. 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.**

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

- ☒ 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 A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.
- ☐ Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

### MANUFACTURER'S INFORMATION

Manufacturer Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

### TYPE OF INCINERATOR

- ☐ Single Chamber
- ☐ Multiple Chamber
- ☐ Other, describe \_\_\_\_\_

### TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: \_\_\_\_\_

- |                            |                 |                  |
|----------------------------|-----------------|------------------|
| 1. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 2. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 3. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |



#### IV. CERTIFICATION

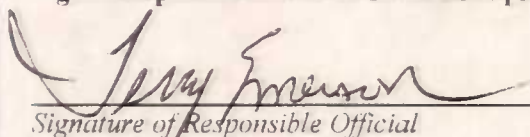
**Note:** This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I 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.

  
\_\_\_\_\_  
Signature of Responsible Official

Terry Emerson  
\_\_\_\_\_  
Name of Responsible Official (Printed or Typed)

8-14-2015  
\_\_\_\_\_  
Date

General Manager  
\_\_\_\_\_  
Title