



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

SEP 16 2015

MDEQ



COVERAGE NUMBER: MSG22 0042 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: Roberson Enterprises #1

Owner Name: Tim Roberson

Mailing Address - Street or P.O. Box: 751 Hwy 15

City: Maben State: MS Zip: 39258

Physical Site Address - Street (can not be a P.O. Box): County Rd # 206

City: Maben State: MS Zip: 39250

County: Webster Latitude: W 89° 04' 49" Longitude: N 33° 34' 25"

Facility Telephone: () Fax: ()

Contact Cell No.: () 262-2729 Other: ()

Contact Email: _____

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 type="checkbox"/> Swine (55 lbs. or over)			<input type="checkbox"/> Dairy Cows		
<input type="checkbox"/> Swine (under 55 lbs.)		<u>3680</u>	<input type="checkbox"/> Heifers		
<input type="checkbox"/> Chickens (broilers)			<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Chickens (layers)			<input type="checkbox"/> Other: Specify		
<input type="checkbox"/> Cattle (not dairy or veal calves)					

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

- How much manure, litter, and wastewater is generated annually by the facility? 2.064 tons or _____ gallons
- How many acres of land, under the control of the applicant, are available for land application? 20 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? _____ tons _____ gallons

I. 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 type="checkbox"/> Anaerobic Lagoon	<u>1,548,468</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)

1. Number of existing houses/barns: 2
Number of proposed houses/barns: _____

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

CNMP Development Date: Feb 2012

CNMP Expiration Date: _____

3. 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

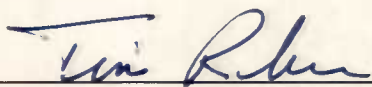
Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

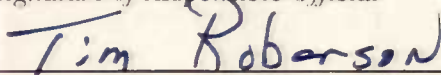
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

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.

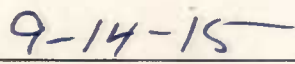
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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.

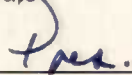
I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of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



Signature of Responsible Official


Name of Responsible Official (Printed or Typed)



Date


Title