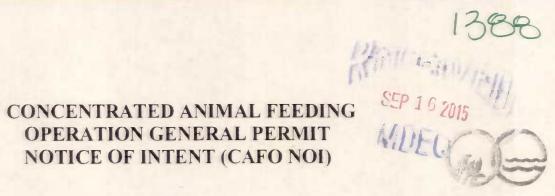


NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 039. 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: R. B. Ashford Swive Farm
Owner Name: R.B. Ashford
Mailing Address - Street or P.O. Box: 1158 Weir High point Road
City: McCool State: MS Zip: 39/08
Physical Site Address - Street (can not be a P.O. Box): 1158 Weir High point Re
City: McCool State: MS Zip: 39/08
County: Choctaw Latitude: Longitude:
Facility Telephone: (Fax: ()
Contact Cell No.: (612) 803-6959 Other: (
Contact Email: NA
If Contract operation: Name of Integrator: Prestage Carr
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)
No. In Open No. Housed No. In Open No. Housed
Type Confinement Under Roof Type Confinement Under Roof
Swine (55 lbs. or over) Swine (under 55 lbs.) Dairy Cows Heifers
Chickens (broilers) Chickens (layers) Veal Calves Other: Specify
Cattle (not dairy or yeal calves)
B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE
1. How much manure, litter, and wastewater is generated annually by the facility? 10 957 tons or gallons
2. How many acres of land, under the control of the applicant, are available for land application? 166 acres
2. The first state of the country of the spinor of the spi

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

WASTEWATER (Check			
Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
Anaerobic Lagoon Roofed Storage Shed		Storage Lagoon Concrete Pad	-11
Impervious Soil Pad		Other: Specify	<u></u>
impervious son i au	A. or AVIII		
D. NUTRIENT MANAGEM	IENT PLAN (NMP)		
1. Number of existing	houses/barns:		
Number of propose			
	and provide a current Comprehens		
CNMP Developme	nt Date: Feb. 20	12 CNMP Expiration D	Pate:
3. A topographic map submitted with the	of the geographic area, showing t	he production area and the	land application fields, was
submitted with the	current NIVIP.	Yes	INO
	d above expires five years from		
	submitted to MDEQ prior to it file at the MDEQ office or a cur		
current NWF is either on	the at the MDEQ office of a cur	tent Marr is submitted wi	th this NOL
II. CONSTRUCTION A	ND/OR OPERATION OF	AN ANIMAL MORTA	LITY INCINERATOR
No, there will be no mand/or operate mortali	ortality incineration equipment lo	cated at the facility. If at a ust submit an updated Multi	future date you wish to construmedia CAFO GP NOI,
No, there will be no m and/or operate inortalic completing sections II	ortality incineration equipment lo	cated at the facility. If at a ast submit an updated Multi A. Constructing and opera	future date you wish to construmedia CAFO GP NOI, ating mortality incineration
No, there will be no mand/or operate mortalic completing sections II equipment without will law.	ortality incineration equipment lo ty incineration equipment, you mult I and V of this NOI and Appendix	cated at the facility. If at a ust submit an updated Multi A. Constructing and operaverage or issuance of indivi	future date you wish to construmedia CAFO GP NOI, ating mortality incineration dual permits is a violation of st
No, there will be no mand/or operate mortalic completing sections II equipment without writaw. Yes, there will be mor	ortality incineration equipment loty incineration equipment, you mult and V of this NOI and Appendix atten notification of a modified containing incineration equipment local	cated at the facility. If at a set submit an updated Multi. A. Constructing and operaverage or issuance of indivited at the facility. Complet	future date you wish to construmedia CAFO GP NOI, ating mortality incineration dual permits is a violation of stee Section III.
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No, there will be no mand/or operate mortalic completing sections II equipment without will law. Yes, there will be more manufacturer Name: Manufacturer Name: Capacity (tons/hour): TOTAL NUMBER OF INTOTAL NUMBER OF INTOTAL number of incinerators of the complex content of the content of the complex content of the conten	ortality incineration equipment loty incineration equipment, you multand V of this NOI and Appendix atten notification of a modified contality incineration equipment local co	cated at the facility. If at a last submit an updated Multi. A. Constructing and operaverage or issuance of individual ted at the facility. Completed TYPE OF INCINERAL Single Chamber Multiple Chamber Other, describe	future date you wish to construe media CAFO GP NOI, ating mortality incineration dual permits is a violation of stee Section III. ATOR TRUCTION

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 MDEO 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.

Name of Responsible Official (Printed or Typed)

8-20-15 Date