

24343



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



NOV 06 2012

MDEQ

COVERAGE NUMBER: MSG20 0402 . 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: Douglas Welch

Facility Name: Douglas Welch

Mailing Address:

Street or P.O. Box: 152 Meador Rd.

City: Laurel State: MS Zip: 39443

Physical Site Address:

Street (can not be a P.O. Box) 151 Welch Rd.

City: Laurel State: MS Zip: 39443

County: Jones

(For new facilities) Latitude (degrees/min/sec): 31 46 44.69N Longitude: 89 14 43.72W

(For new facilities) Nearest named receiving stream: Horse Creek

Facility Telephone No. (Include Area Code): 601-498-7261

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-498-7261

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : _____

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): 1

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

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: National Incinerator Model Number: Destructor

Capacity (tons/hour): 500 Fuel Type: Propane

IV. CERTIFICATION

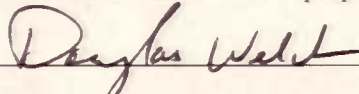
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.


Signature of Responsible Official
Douglas Welch
Printed Name

11-3-15
Date
Owner/Operator
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.

<p>Item I</p> <p>Facility Name: <u>Douglas Welch</u></p> <p>Location: (Do Not Use P.O. Box) <u>151 Welch Rd.</u></p> <p>Street: 151 Welch Rd.</p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>County: <u>Jones</u></p> <p>Telephone: (<u>601</u>) <u>498-7261</u></p>	<p>Item II</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Douglas Welch</u></p> <p>Title: <u>New Owner</u></p> <p>Mailing Address: Street/P.O. Box: <u>151 Meador Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>498-7261</u></p>		
<p>Item III</p> <p>Previous Permittee: <u>Brian Jordan</u></p> <p>Mailing Address: Street/P.O. Box: <u>137 Welch Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>580 3441</u></p>	<p>Item IV</p> <p>New Permittee: <u>Douglas Welch</u></p> <p>Mailing Address: Street/P.O. Box: <u>151 Meador Rd.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>498 7261</u></p>		
<p>Item V</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI</p> <p><u>Houses have been out of operation for 1 year</u></p> <p>Will Facility Operations Change? Yes _____ No _____</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 _____</p> <p>If Yes, Provide New Name for Permit Coverage</p> <p>New Name: <u>Douglas Welch</u></p>	<p>Item VIII</p> <p>Signature for Name Change</p> <p>Print Name: <u>Douglas Welch</u></p> <p>Authorized Signature: _____</p> <p>Title: <u>New Owner</u> Date: <u>10-8-15</u></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>Brian Jordan</u></p> <p>To: <u>Douglas Welch</u> Acquisition Date: <u>12-1-15</u></p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and 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%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><u>Douglas Welch</u></p> <p>Print New Permittee Name</p> <p><u>Douglas Welch</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> <u>10-8-15</u></p> <p>Title Date</p> </td> <td style="width: 50%; border: none;"> <p><u>Brian Jordan</u></p> <p>Print Previous Permittee Name</p> <p><u>Brian Jordan</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date</p> </td> </tr> </table> <p><small>¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. ² Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</small></p>		<p><u>Douglas Welch</u></p> <p>Print New Permittee Name</p> <p><u>Douglas Welch</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> <u>10-8-15</u></p> <p>Title Date</p>	<p><u>Brian Jordan</u></p> <p>Print Previous Permittee Name</p> <p><u>Brian Jordan</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date</p>
<p><u>Douglas Welch</u></p> <p>Print New Permittee Name</p> <p><u>Douglas Welch</u></p> <p>New Authorized Signature</p> <p><u>New Owner</u> <u>10-8-15</u></p> <p>Title Date</p>	<p><u>Brian Jordan</u></p> <p>Print Previous Permittee Name</p> <p><u>Brian Jordan</u></p> <p>Previous Authorized Signature</p> <p><u>Old Owner</u></p> <p>Title Date</p>		