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

COVERAGE NUMBER: MSG20 \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} . For re-coverage, the coverage number number of point of point of the 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 Recoverage.

I. **GENERAL INFORMATION**

. <u>CONTACT AND FACILITY INFORMATION</u>
ame of Owner: Paul Damon Sm. 14
ame of Owner: <u>Paul Damon Sm. 44</u> acility Name: <u>Damon Sm. 74</u>
ailing Address:
Street or P.O. Box: 1196 Rawls Rd
City: Osyka State: M5 Zip: 39657
hysical Site Address:
Street (can not be a P.O. Box) 1194 Revis Rd
City: Osyka State: M5 Zip: 35657
County: P:KP
(For new facilities) Latitude (degrees/min/sec): 31° 22.49 Longitude: 30° 23' 0.94
(For new facilities) Nearest named receiving stream: Balla chito
cility Telephone No. (Include Area Code): 601 - 542 - 0168
cility Fax No. (Include Area Code):
ontact Cell Phone No. (Include Area Code): 601-730-1764
her Contact Phone Numbers (Include Area Code):
ontact Email :
ACTIVITY TYPE (Check all that apply)
Existing operation NOT proposing expansion. Number of existing houses: 4
Existing operation NOT proposing expansion. Number of existing houses: Existing operation of an incinerator(s). Number of existing incinerator(s):

New or expanding operation. Number of proposed houses: <u>2</u> Number of proposed incinerators:

Appendix A (ACT 2, S-1)

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May