

AI #17392



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



COVERAGE NUMBER: MSG20 0987 . 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: Billy C. Johnson

Facility Name: Billy C. Johnson Poultry Farm #2

Mailing Address:
Street or P.O. Box: 62 Clark Watkins Road

City: Taylorville State: MS Zip: 39168

Physical Site Address:
Street (can not be a P.O. Box) 271 Union Line Road

City: Laurel State: MS Zip: 39443

County: Jones

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-729-4396

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: _____