



9513

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



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JAN 30 2019
Department of Environmental Quality

COVERAGE NUMBER: MSG20 0706. 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: David R. Hollingsworth

Facility Name: T and C Ranch

Mailing Address:

Street or P.O. Box: 183 Billy H. Bates Road

City: Morton State: MS Zip: 39117

Physical Site Address:

Street (can not be a P.O. Box) 183 Billy H. Bates Road

City: Morton State: MS Zip: 39117

County: Scott

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-697-1557

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-697-1557

Other Contact Phone Numbers (Include Area Code): 601-697-4324

Contact Email: hollingswo6@att.net

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 3

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): _____

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

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Supply Administration Group

MEMORANDUM FOR THE RECORD

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

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13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of houses or animal type (ie. broilers or layers)?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

Check type and indicate amount

☐ Broiler (SIC 0251): _____ ☐ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? ☐ No ☒ Yes- Integrator Name: Tyson Foods

C. TYPE OF DRY LITTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the litter storage type or the capacity?

☒ No ☐ Yes – Identify Changes: _____

For New Facilities:

List type of dry litter storage and capacity (tons): _____

D. NUTRIENT MANAGEMENT PLAN

If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:

Development Date: 2/2015 Expiration Date: 1/2020

The comprehensive nutrient management plan (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.

1. The purpose of this document is to provide a summary of the information contained in the report of the Committee on the Status of the American Indian, dated 1961. The report is a study of the American Indian population and its needs, and it is intended to provide a basis for the development of policies and programs to improve the lives of American Indians.

2. The report is divided into three main parts: a description of the American Indian population, a description of the problems facing American Indians, and a description of the policies and programs that are being developed to improve the lives of American Indians.

AMERICAN INDIAN POPULATION

3. The American Indian population is estimated to be about 250,000 people. They are distributed throughout the United States, with the largest concentrations in the Southwest, the Great Plains, and the Northeast. The population is made up of many different tribes, each with its own unique culture and traditions.

4. The American Indian population has been declining steadily since the 1920s. This is due to a number of factors, including the loss of land, the loss of traditional ways of life, and the assimilation of American Indians into the dominant culture.

5. The American Indian population is facing a number of serious problems, including poverty, unemployment, and ill health. These problems are the result of the historical mistreatment of American Indians and the ongoing discrimination against them.

6. The federal government has a responsibility to improve the lives of American Indians. This responsibility is based on the fact that American Indians are a distinct and vulnerable population, and they need the help of the federal government to overcome the problems that they are facing.

7. The federal government has developed a number of policies and programs to improve the lives of American Indians. These include the Indian Reorganization Act of 1934, the Indian Self-Determination Act of 1975, and the Indian Education Act of 1975.

8. The federal government is committed to the goal of self-determination for American Indians. This means that American Indians should have the right to make their own decisions about their lives and their future.

9. The federal government is committed to the goal of economic development for American Indians. This means that American Indians should have the opportunity to improve their standard of living and to participate in the economic life of the United States.

10. The federal government is committed to the goal of cultural preservation for American Indians. This means that American Indians should be able to maintain their traditional ways of life and their unique cultures.

11. The federal government is committed to the goal of social justice for American Indians. This means that American Indians should be treated with the same respect and dignity as all other citizens of the United States.

12. The federal government is committed to the goal of peace and harmony for American Indians. This means that American Indians should be able to live in peace and harmony with each other and with the rest of the United States.

13. The federal government is committed to the goal of a better future for American Indians. This means that American Indians should have the opportunity to live a better life and to achieve their full potential.

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: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

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.

David R. Hollingsworth

Signature of Responsible Official

1/28/19

Date

David Hollingsworth

Printed Name

owner

Title