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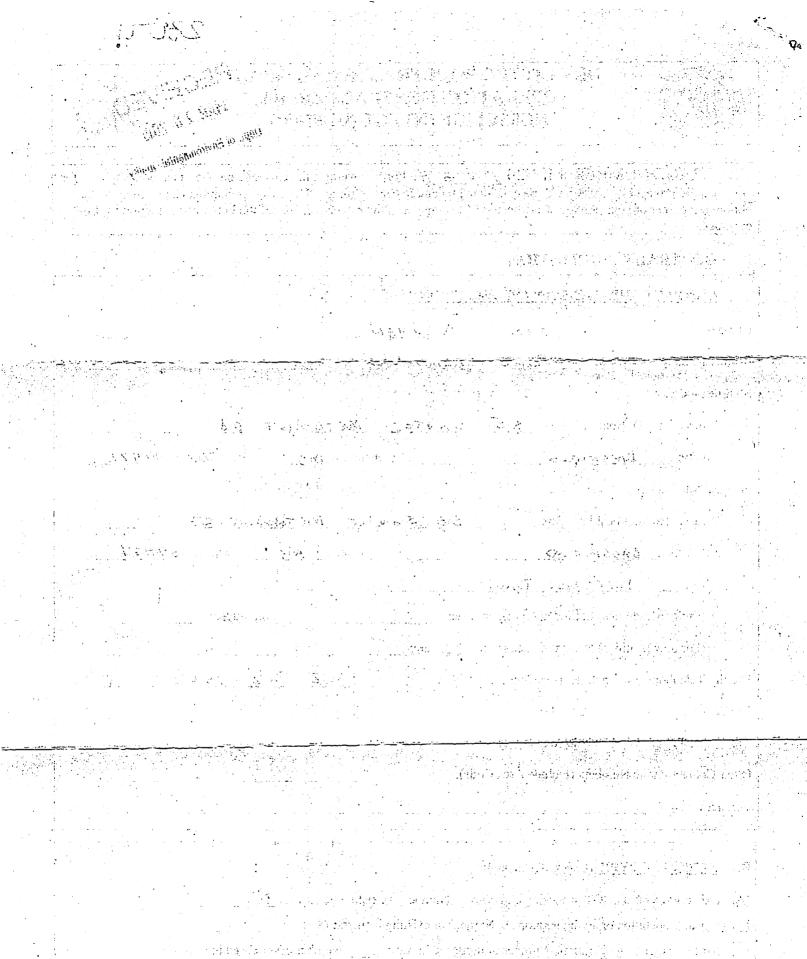
OPERATION GENERAL PERMIT NOTICE OF INTENT (DLPNOI)

NOTICE OF INTENT (DLPNOI)

Dept. of Environmental Of Envi

I. GENERAL INFORMATION

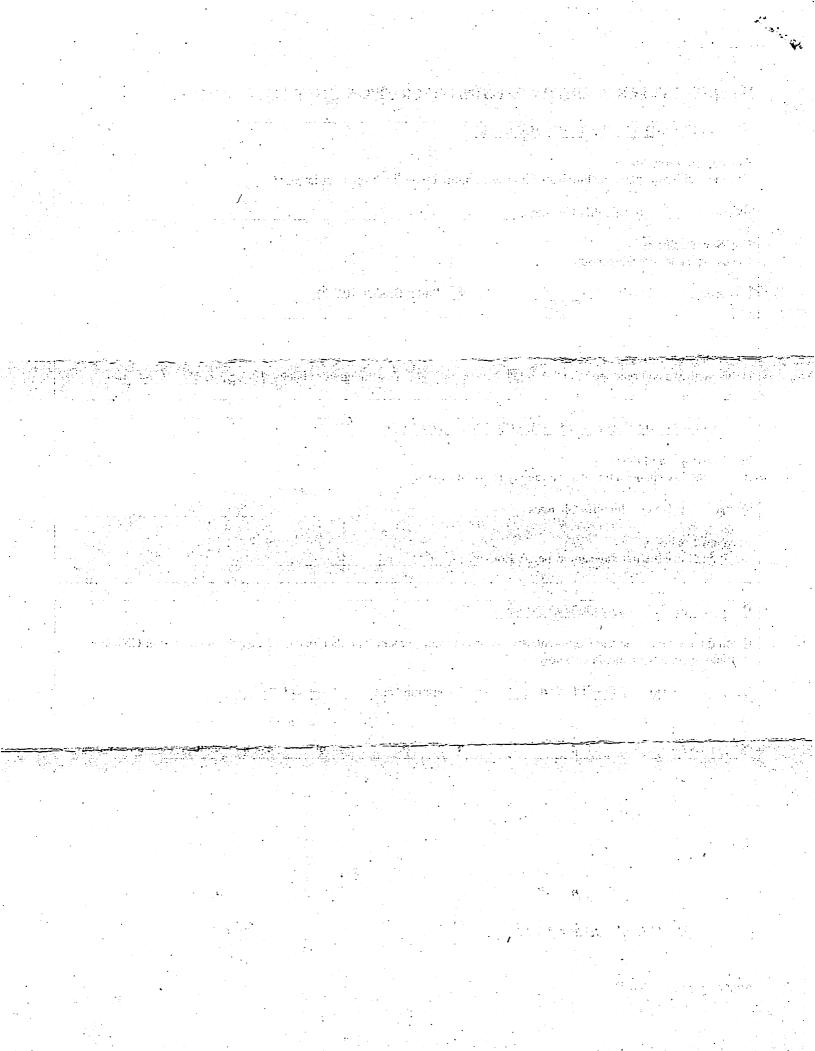
A. CONTACT AND FACILITY INFORMATION								
Name of Owner: DENNY NGVYEN								
Facility Name: DAD FARMS UC								
Mailing Address:								
Street or P.O. Box: 85 SANTER METHODIST Rd								
City: BASSFIELD State: MS Zip: 39421								
Physical Site Address:								
Street (can not be a P.O. Box) 83 SANTEE METHOLUT RE								
City: BASSFIEWD State: M5 Zip: 39421								
County: JEFFERSON DAVIS								
(For new facilities) Latitude (degrees/min/sec): Longitude:								
(For new facilities) Nearest named receiving stream:								
Facility Telephone No. (Include Area Code): 832 - 30z - 1506								
Facility Fax No. (Include Area Code):								
Contact Cell Phone No. (Include Area Code):								
Contact Email:								
B. ACTIVITY TYPE (Check all that apply)								
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: Number of proposed incinerators:								



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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							
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: SANDERS OF FARMS							
C. TYPE OF DRY LITTER STORAGE AND CAPACITY							
C. THE OF DRI LITTER STORAGE AND CALACITY							
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. <u>NUTRIENT MANAGEMENT PLAN</u>							
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: $10-31-16$ Expiration Date: $10-31-21$							
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.							



III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

XJ	construct and/or operate poultry mortality inci-	equipment located at the facility. If at a future date you wish neration equipment, you must submit an updated DLPNOI being and operating poultry mortality incineration equipment vermits is a violation of state law.	у							
	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?									
X	No ☐ Yes – Identify Changes:									
Fo M	or New Facilities: anufacturer Name:	Model Number:								
Ca	apacity (tons/hour):	Fuel Type:								
IV.	CERTIFICATION Note: This NOI shall be signed according to Cor	nditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultr	y							
	 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. 									
	was developed and that an updated nutrient expiration date. I certify under penalty of law that this docume supervision in accordance with a system design the information submitted. Based on my inquing directly responsible for gathering the information belief, true, accurate and complete. I am award including the possibility of fine and imprisonment. I further certify that the project continues as defined as a design of the certify that the project continues as defined as a design of the certify that the project continues as design of the certify that the project continues as design of the certify that the project continues as design of the certify that the project continues as design of the certification of the	escribed in the original notice of intent. Also, I certify that I no longer authorized to operate activities identified under this erage is in violation of state law. OI / 18 / 20 19 Date	evaluated e persons ge and rmation,							
	Printed Name	Title								

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