

55156



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

RECEIVED JUN 10 2019 Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 1643. 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: Danny Joe & Insha Blakeney

Facility Name: Double B Acres

Mailing Address: Street or P.O. Box: 569 CR 27

City: Bay Springs State: MS Zip: 39422

Physical Site Address: Street (can not be a P.O. Box) same

City: State: Zip:

County:

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

(For new facilities) Nearest named receiving stream:

Facility Telephone No. (Include Area Code): 601-764-8132 or 8139

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code): same

Other Contact Phone Numbers (Include Area Code):

Contact Email: dantriblake@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

[X] Existing operation NOT proposing expansion. Number of existing houses: 8

[X] Existing operation of an incinerator(s). Number of existing incinerator(s): 1

[ ] New or expanding operation. Number of proposed houses: Number of proposed incinerators:

## 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: Pelco

### 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: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

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**

- 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.

Danny Joe Blakeney      6/7/19  
Signature of Responsible Official      Date

Danny Joe Blakeney      owner  
Printed Name      Title

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ANN ARBOR, MICHIGAN

1968

1969

1970

Year	Volume	Number	Pages
1968	1	1	1-10
1968	1	2	11-20
1968	1	3	21-30
1968	1	4	31-40
1968	1	5	41-50
1968	1	6	51-60
1968	1	7	61-70
1968	1	8	71-80
1968	1	9	81-90
1968	1	10	91-100
1968	1	11	101-110
1968	1	12	111-120
1968	1	13	121-130
1968	1	14	131-140
1968	1	15	141-150
1968	1	16	151-160
1968	1	17	161-170
1968	1	18	171-180
1968	1	19	181-190
1968	1	20	191-200
1968	1	21	201-210
1968	1	22	211-220
1968	1	23	221-230
1968	1	24	231-240
1968	1	25	241-250
1968	1	26	251-260
1968	1	27	261-270
1968	1	28	271-280
1968	1	29	281-290
1968	1	30	291-300
1968	1	31	301-310
1968	1	32	311-320
1968	1	33	321-330
1968	1	34	331-340
1968	1	35	341-350
1968	1	36	351-360
1968	1	37	361-370
1968	1	38	371-380
1968	1	39	381-390
1968	1	40	391-400
1968	1	41	401-410
1968	1	42	411-420
1968	1	43	421-430
1968	1	44	431-440
1968	1	45	441-450
1968	1	46	451-460
1968	1	47	461-470
1968	1	48	471-480
1968	1	49	481-490
1968	1	50	491-500
1968	1	51	501-510
1968	1	52	511-520
1968	1	53	521-530
1968	1	54	531-540
1968	1	55	541-550
1968	1	56	551-560
1968	1	57	561-570
1968	1	58	571-580
1968	1	59	581-590
1968	1	60	591-600
1968	1	61	601-610
1968	1	62	611-620
1968	1	63	621-630
1968	1	64	631-640
1968	1	65	641-650
1968	1	66	651-660
1968	1	67	661-670
1968	1	68	671-680
1968	1	69	681-690
1968	1	70	691-700
1968	1	71	701-710
1968	1	72	711-720
1968	1	73	721-730
1968	1	74	731-740
1968	1	75	741-750
1968	1	76	751-760
1968	1	77	761-770
1968	1	78	771-780
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1968	1	94	931-940
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1968	1	100	991-1000

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1969	1	1	1-10
1969	1	2	11-20
1969	1	3	21-30
1969	1	4	31-40
1969	1	5	41-50
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1969	1	7	61-70
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