



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



COVERAGE NUMBER: MSG20 1 3 9 2. 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: Peter F. McKinley

Facility Name: Peter F. Mckinley, Poultry

Mailing Address:

Street or P.O. Box: 10120 Old Port Gibson Road

City: Hazlehurst State: MS Zip: 39083

Physical Site Address:

Street (can not be a P.O. Box) 10120 Old Port Gibson Road

City: Hazlehurst State: MS Zip: 39083

County: Copiah

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-277-3509

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-278-0181

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: 6
- ☒ 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: Sanderson Farms

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: 11/1/2021 Expiration Date: 10/1/2026

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

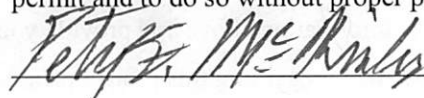
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.



Signature of Responsible Official

10/26/2021

Date

Peter F. McKinley

Printed Name

Owner

Title

Contiguous Landowner Notification of a Dry Litter Poultry Animal Feeding Operation Facility

(See ACT 2, Condition S-2)

CERTIFIED MAIL NO.: _____

Date mailed: _____

Company Name as Identified by MDEQ (please print)

Coverage No. (if currently permitted)

located at _____
Physical Street Address, City

MS _____
State County

is proposing to construct and operate a Dry Litter Poultry Animal Feeding Operation (to construct and operate poultry/chicken house(s)). This poultry facility has _____ existing house(s); the applicant proposes to build _____ new house(s). If permitted, the operation of the poultry house(s) will involve the management of dry animal waste and may involve the operation of an incinerator. The operation shall **NOT** have a discharge of process wastewater or contaminated stormwater. The Natural Resource Conservation Service (NRCS) will develop a Comprehensive Nutrient Management Plan (CNMP) to address the management of the animal waste. The CNMP will become an enforceable part of the permit along with other conditions which will allow the facility to operate within all state and federal environmental laws and regulations.

This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding **environmental** concerns about the project. **Please be aware that MDEQ only has legal authority to consider environmental issues specified in the applicable laws and regulations. MDEQ does not have jurisdiction to consider any comments regarding zoning, economic, or social impacts (e.g., effect of facility on property values). Comments should be addressed to the local zoning and planning authorities.**

If you do not have **environmental** comments regarding the proposed project, then you need do nothing more. If you have **environmental** comments regarding the proposed project, please notify MDEQ in writing within 17 days after the postmark date of this notification. Please reference the proposed project using the information above and provide your contact phone number and address. If you would like to discuss concerns you may have regarding this project please feel free to contact our office at (601) 961- 5171. Comments are to be mailed to the following address:

Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, Mississippi 39225-2261

DRY LITTER POULTRY BUFFER ZONE WAIVER

Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39205

Please check one of the following:

☐ I, _____, attest that I am the sole owner of the property in question.

I am aware of the construction of a poultry dry litter waste disposal system owned by

_____, and I have no objection to this facility being within 150 feet of the property in question or within 600 feet from my residence as required by the Mississippi Department of Environmental Quality Permit Board.

☐ We, the following individuals, attest that we jointly own the property in question.

Individuals Name	Address

We are aware of the construction of a poultry dry litter waste disposal system owned by _____, and we have no objection to this facility being within the within 150 feet of the property in question or within 600 feet from our residences as required by the Mississippi Department of Environmental Quality Permit Board.

Date and Signatures:

Date: _____

Owner

Signatures: _____

(Signature of Notary Public)

My commission expires: _____

Dry Litter Poultry Animal Feeding Operation Land Application Log

Facility
Name: _____

Coverage No.: _____

Use this form to keep records of your land application activities.

Date	Field ID	Field Size (acres)	Weather Conditions			Tons Applied
			24 hours before	during	24 hours after	

LITTER TRANSFER RECORD FORM

Facility Name: _____ Coverage No. _____

Use this form to keep track litter generated at your AFO facility that you transfer to other persons (i.e. for use or disposal not under the control of your AFO).

Date of Transfer	Name of Recipient	Street Address of Recipient	Amount of Litter Transferred(tons)	Copy provided to recipient	
	Signature	City, State & Zip Code of Recipient		(1)	(2)

(1) Current copy of the litter analysis (no more than a year old)

(2) "Management Guidelines for Land Application of Animal Waste" – (copy provided by Natural Resource Conservation Service, attached to the NMP)

Daily Mortality Recordkeeping Log Sheet

Facility Name: _____

Coverage No.: _____

[illegible]

Daily Incineration Recordkeeping Log Sheet

Facility Name: _____

Coverage No.: _____

[illegible]

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I. Facility Name: _____ Location: (Do Not Use P.O. Box) Street: _____ City: _____ State: <u>MS</u> Zip: _____ County: _____ Telephone: (_____) _____	Item II. Responsible official after transfer or name change: Name: _____ Title: _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone (_____) _____
Item III. Previous Permittee : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____	Item IV. New Permittee : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____
Item V. Industrial Activity SIC Code: _____ Brief Description: _____	Item VI. Will Facility Operations Change? Yes _____ No _____ If yes, the appropriate applications and permits may require modification prior to change.
Item VII. Will Facility Name Change? Yes _____ No _____ If Yes, Provide New Name for Permit Coverage. New Name: _____	Item VIII. Signature for Name Change Print Name: _____ Authorized Signature ² : _____ Title: _____ Date: _____
Item IX. <p style="text-align: center;">We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> From: _____ To: _____ Acquisition Date: _____ <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Print New Permittee Name _____² New Authorized Signature _____ Title _____ Date _____ </div> <div style="width: 45%;"> _____ Print Previous Permittee Name _____² Previous Authorized Signature _____ Title _____ Date _____ </div> </div>	

¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

² Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p>
<p align="center">Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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