



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



COVERAGE NUMBER: MSG20 1430. 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: Cornelia Puckett
Facility Name: Gabriel Farms

Mailing Address:
Street or P.O. Box: 4246
City: Mendenhall State: MS Zip: 39114

Physical Site Address:
Street (can not be a P.O. Box) 133 Shotts Rd
City: Mendenhall State: MS Zip: 39114
County: Simpson

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____
(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-847-3142
Facility Fax No. (Include Area Code): _____
Contact Cell Phone No. (Include Area Code): 601-253-7436
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: 3
- Existing operation of an incinerator(s). Number of existing incinerator(s): ~~compost~~ 0
- 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 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

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.



RECEIPT FOR SERVICE

This Is NOT a Bill

On December 09, 2021, JOHN LOCKE discussed the following services and benefits provided by the USDA Natural Resources Conservation Service (NRCS) with Cornelia Puckett (Gabriel Farm, Emmanuel Farm) of 174 Shivers RD, Pinola, MS, Pinola, MS 39149. The discussion took place via Office Visit.

Requested:

Technical Assistance Request

Other (Describe Below)

Cornelia Puckett requested nutrient management plans for Gabriel Farm and Emmanuel Farm.

Resolution Provided:

Publication Provided

Follow-up Contact/Appointment Scheduled

Site Visit Scheduled

Conservation Planning Initiated

As soon as possible after receiving the results of litter analysis for each farm, NRCS will begin writing the CNMP for each farm.

Receipt #: 2550781

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Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).



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