



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



COVERAGE NUMBER: MSG20 1060. 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: Jeffrey Yarbrough (Nikki Yarbrough) ^{Jennifer}

Facility Name: Yarbrough Farms

Mailing Address: 3109 Calhoun Road

Street or P.O. Box: 577 Howard 2 Road

City: Louisville State: MS Zip: 39339

Physical Site Address: Street (can not be a P.O. Box) 577 Howard 2 Road

City: Louisville State: MS Zip: 39339

County: Winston

(For new facilities) Latitude (degrees/min/sec): 32.97621 Longitude: 88.92367

(For new facilities) Nearest named receiving stream: ~~_____~~ Tallahogga Creek

Facility Telephone No. (Include Area Code): 662 418 2732

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 662 418 2732

Other Contact Phone Numbers (Include Area Code): 662 803 9425

Contact Email: jeffreyarb11@gmail.com

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: 2 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: Building (2) new pallet houses

For New Facilities:

Check type and indicate amount

Broiler (SIC 0251): _____ Pullet/Breeder (0252): 80,000

still operating (3) houses onsite

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: _____

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: Current storage adding additional

For New Facilities:

List type of dry litter storage and capacity (tons): for new houses Poultry manure dry stack / 140 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: Feb 2002 Expiration Date: Jan 2027

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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
For Existing Facilities:	
Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Identify Changes: _____
For New Facilities:	
Manufacturer Name: _____	Model Number: _____
Capacity (tons/hour): _____	Fuel Type: _____

IV. CERTIFICATION

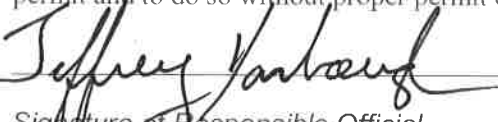
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.

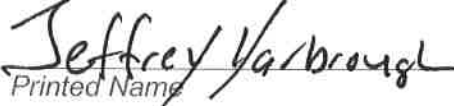
I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.



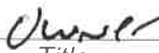
 Signature of Responsible Official

2/11/2022

 Date



 Printed Name



 Title

2945 1012 0000 0090 E101

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Postage	\$ 58
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.33



Sent To: **John Parks**
 Street, Apt. No., or PO Box No.: **33584 Hwy 25 North**
 City, State, ZIP+4: **Sturgis Ms 39769**

PS Form 3800, August 2006 See Reverse for Instructions

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Total Postage & Fees	\$ 4.33



Sent To: **Nancy Bateman**
 Street, Apt. No., or PO Box No.: **331 Palmetto Rd**
 City, State, ZIP+4: **Louisville MS 39339**

PS Form 3800, August 2006 See Reverse for Instructions

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Total Postage & Fees	\$ 4.33



Sent To: **John White**
 Street, Apt. No., or PO Box No.: **111 Howard 2 Road**
 City, State, ZIP+4: **Louisville Ms 39339**

PS Form 3800, August 2006 See Reverse for Instructions

5200 1012 0000 0090 E101

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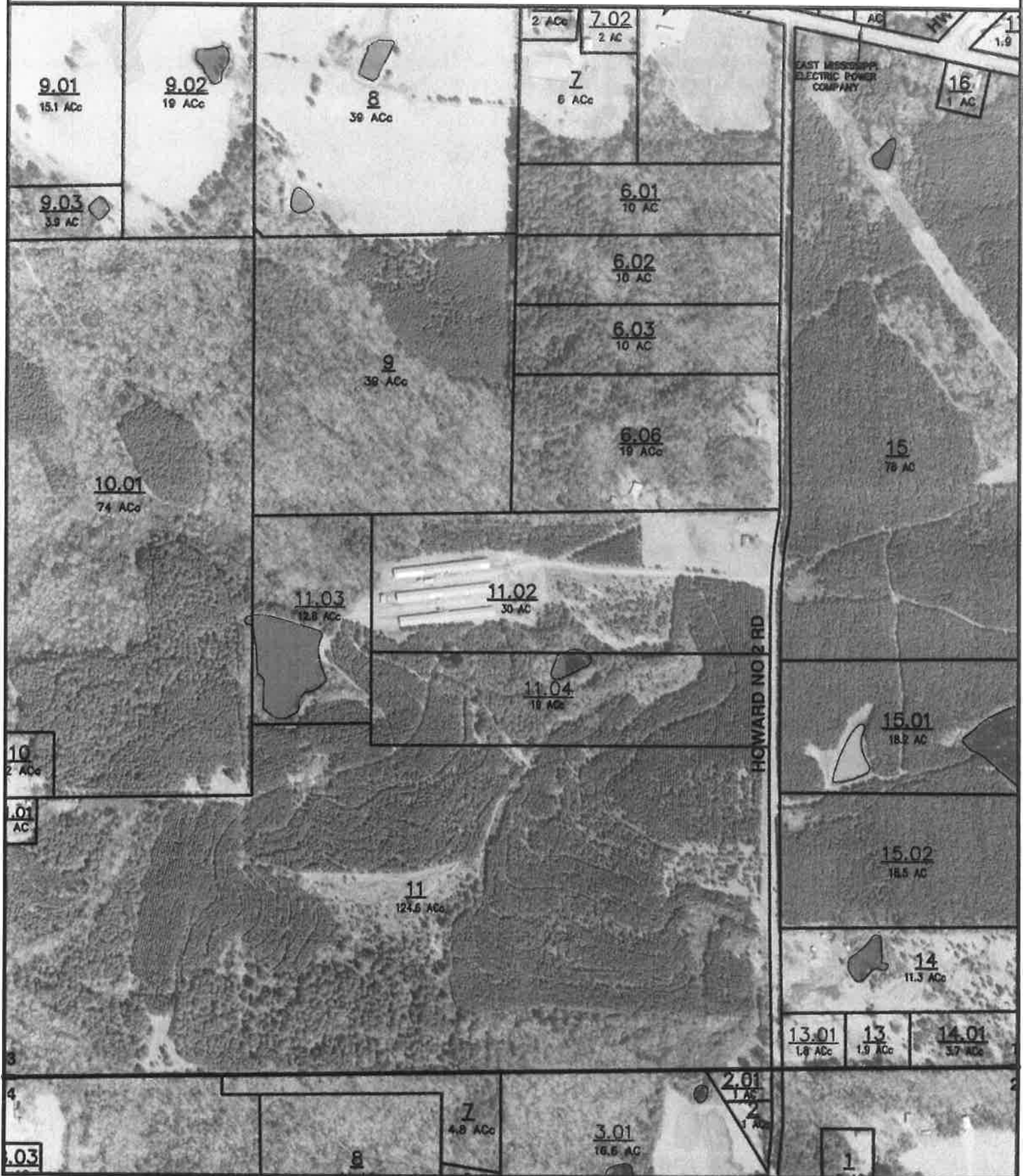
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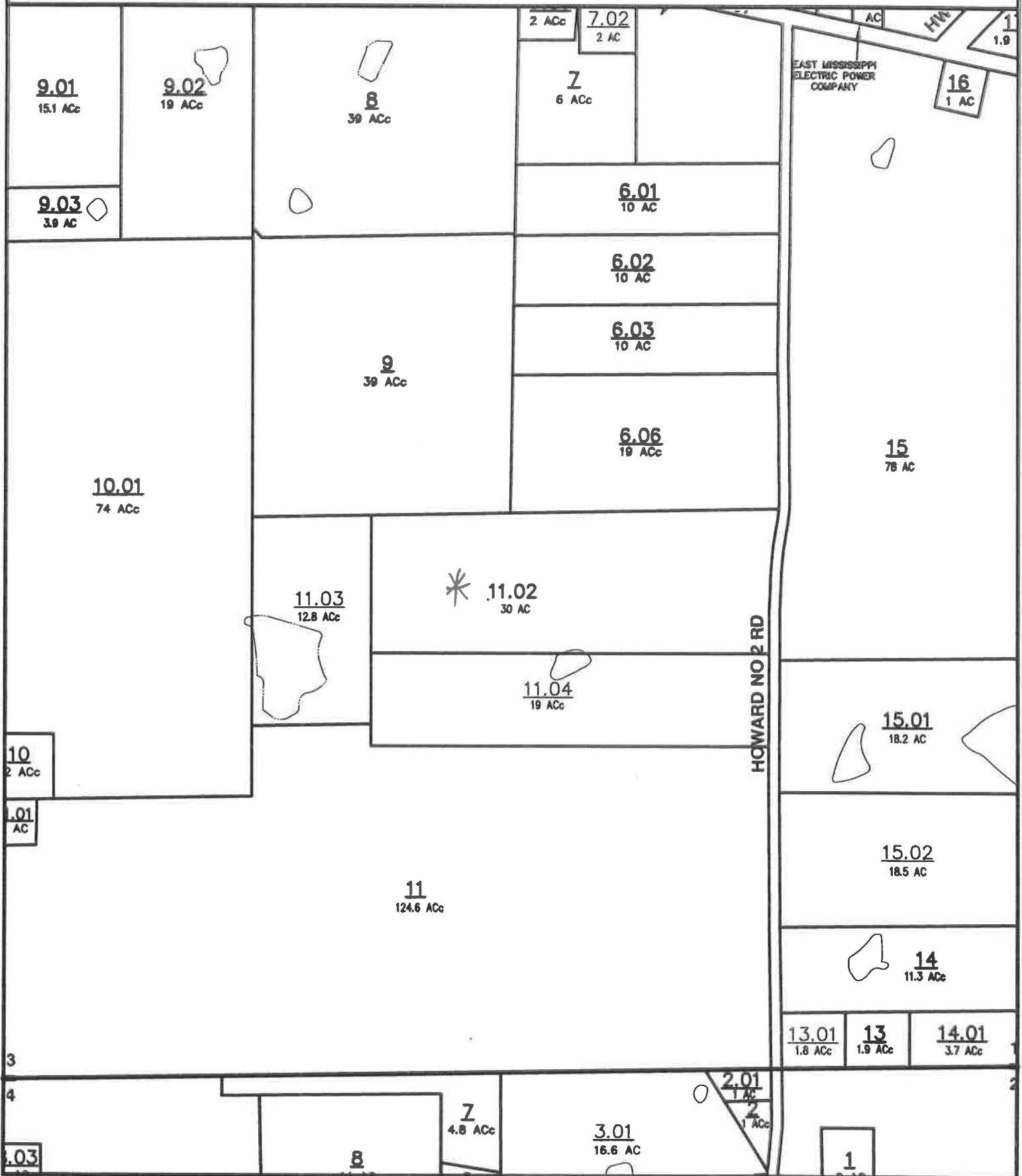
Sent To: **Luke Parkes**
 Street, Apt. No., or PO Box No.: **3896 Calhoun Rd**
 City, State, ZIP+4: **Louisville Ms 39339**

PS Form 3800, August 2006 See Reverse for Instructions

OWNER: YARBROUGH JEFFREY S ETUX



OWNER: YARBROUGH JEFFREY S ETUX



REAL PROPERTY APPRAISAL

2/10/2022

Property Master File

13:53:34

Option: 2=Change 5=Split Parcel 8=Print P.R.C.

Alpha Position To: _____

Search For: _____

Position to Prcl: _____

Position to Acct: _____

** YOU ARE IN CURRENT YEAR LIBRARY SET **

Opt	Landowner Name	Dist	Parcel Number	True Value	Assessed
—	INGRAM CHESTINA Q	2000 *	131360013 0001000	48902	4890
—	PARKES LUKE LAMAR ETUX TA	2000	131360013 0001001	15822	2374
—	BATEMAN NANCY C	2000 *	131360013 0001100	32996	4950
—	NOWELL DANIEL	2000 *	131360013 0001101	64815	6482
—	YARBROUGH JEFFREY S ETUX	2000 *	131360013 0001102	82837	12425
—	BATEMAN NANCY C	2000 *	131360013 0001103	2514	377
—	YARBROUGH JEFFREY SCOTT E	2000 *	131360013 0001104	3488	523
—	TAYLOR HAROLD SCOTT	2000 *	131360013 0001105		
—	HOWARD PAUL D	2000 *	131360013 0001300	4799	720
—	HARRELL JENNIFER L	2000 *	131360013 0001301	44848	4485
—	HARRELL DAVYD NEIL	2000 *	131360013 0001400	22122	3319
—	HARRELL JENNIFER	2000 *	131360013 0001401	8399	840

More...

F3=Exit F6=Add Record F11=Fold/Truncate F13=Mailing Address
 F14=Property Address F15=Subdivision F16=Deed/Book/Page F17=Sect/Twn/Rng

REAL PROPERTY APPRAISAL

2/10/2022

Property Master File

13:53:21

Option: 2=Change 5=Split Parcel 8=Print P.R.C.

Alpha Position To: _____

Search For: _____

Position to Prcl: _____

Position to Acct: _____

** YOU ARE IN CURRENT YEAR LIBRARY SET **

Opt	Landowner Name	Dist	Parcel Number	True Value	Assessed
—	TESSMER MARY ELIZABETH &	2000 *	131360013 0000601	1895	284
—	HALL KENNETH	2000	131360013 0000602	1950	293
—	PALMER PETTUS T SR (LE)	2000 *	131360013 0000603	2110	317
—	WHITE JOHN W. ETUX JAN C.	2000 *	131360013 0000606	121080	12294
—	NANCE MARK O ETUX MARLENA	2000 *	131360013 0000700	2015	303
—	TROSPER ERIC & NICKY	2000 *	131360013 0000701	132470	13247
—	NANCE MARK O ETUX	2000 *	131360013 0000702	207594	20759
—	QUINN BILLY W ETUX NANCY	2000 *	131360013 0000800	69918	7537
—	PARKES JOHN FRANK ETUX MA	2000 *	131360013 0000900	7356	1103
—	PARKES TILDEN L ETUX MART	2000 *	131360013 0000901	2625	394
—	JONES GLENN ETUX RENEE	2000 *	131360013 0000902	3312	497
—	PARKES TILDEN L ETUX MART	2000 *	131360013 0000903	931	140

More...

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