



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



COVERAGE NUMBER: MSG20 203e 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

RECEIVED
APR 12 2022
MDEQ

Name of Owner: Thomas A. Woods

Facility Name: T Woods Farms

Mailing Address:

Street or P.O. Box: 3238 Old HWY 80

City: Forest State: MS Zip: 39074

Physical Site Address:

Street (can not be a P.O. Box) 1206 Sun Rd

City: Lake State: MS Zip: 39092

County: Scott

(For new facilities) Latitude (degrees/min/sec): 32°13'25.2" N Longitude: 89°21'35.8" W

(For new facilities) Nearest named receiving stream: West Tallahala Creek

Facility Telephone No. (Include Area Code): 601-507-3028

Facility Fax No. (Include Area Code): N/A

Contact Cell Phone No. (Include Area Code): 601-507-3028

Other Contact Phone Numbers (Include Area Code): N/A

Contact Email : anwo80@gmail.com

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: 4 Number of proposed incinerators: 0





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

COVERAGE NUMBER: MS020
For non-coverage, the coverage number must be completed in your specific portion of this form will be considered incomplete and returned. The coverage number can be found on the bottom left corner of your previous Certificate of Coverage or in the subject heading of the letter of invitation for coverage.

I. GENERAL INFORMATION

A. CONTACT INFORMATION

Name of Owner: Thomas A. Woods
 Facility Name: T Woods Farms
 Mailing Address:
 Physical Site Address:
 City: Forest
 State: MS
 Zip: 39074
 Phone: 662-330-1444
 Fax: 662-330-1444
 E-mail: tom@woods.com
 If a new facility, please provide the name of the owner: West Tailor's Creek
 If a new facility, please provide the name of the owner: West Tailor's Creek
 Other Contact Names (include phone numbers):
 Contact E-mail: tom@woods.com
 Contact Cell Phone: 662-330-1444
 Facility ID Number (see code):
 Facility Name (include Animal Code):
 Facility Phone Number (include Area Code):
 Facility Fax Number (include Area Code):
 Facility E-mail Address:
 Facility Website:
 Facility Address:
 Facility City:
 Facility State:
 Facility Zip:
 Facility Phone:
 Facility Fax:
 Facility E-mail:
 Facility Website:

B. ACTIVITY TYPE (check all that apply)

- Existing operation NOT proposing expansion. (Number of existing permits: _____)
- Existing operation of an incrementally increased number of existing permittees.
- New or expanding operation. (Number of proposed permits: 0)

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): 44,000

B. CONTRACT INFORMATION

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

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): Compost 50 (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: April 11, 2022 Expiration Date: April 11, 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.

II. DRY FILTER FOLLY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of houses or animal type (i.e. flocks or layers)?

Yes - Monthly Changes No

For New Facilities:

Check type and indicate amount

Broiler (BIR) 0121 Pullet/Breeder (BID) 44,000

B. CONTROL TECHNOLOGY

Is this facility a control operation? No Yes - Integrated System

Yes - Flocks

C. TYPE OF DRY FILTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the filter storage type or the capacity?

Yes - Monthly Changes No

For New Facilities:

Indicate type, size, filter, storage and approximate dry capacity in (tons)

D. CURRENT MANAGEMENT PLAN

If you do not have a current Control Management Plan then one must be submitted. If your CDM is current then complete the dates below:

Development Date: April 11, 2022
Expiration Date: April 11, 2025

The control plan must be submitted to EPA prior to the expiration date and an updated current management plan must be submitted to EPA prior to the expiration date. The control plan must be submitted to EPA prior to the 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.

Thomas A. Woods

4-11-22

Signature of Responsible Official

Date

Thomas A. Woods

4-11-22

Printed Name

Title

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

If there is no country mortality incineration equipment located in the facility, then a statement you wish to construct and/or operate country mortality incineration equipment, you must submit an approved DCMO for completing Sections IA, III and IV. Construction and operating country mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

If there is mortality incineration equipment located in the facility, complete section below.

MORTALITY INCINERATION INFORMATION

For Existing Facilities

Has the facility changed the number or type of incinerators or the fuel type (wood)?

Yes No Identify Changes

For New Facilities

Plant/Incinerator Name

Capacity (tons/year)

IV. CERTIFICATION

Note: The DCMO shall be signed by an owner, operator, or agent in writing in ACT 2 of the DCMO for existing facilities. The DCMO shall be signed by an owner, operator, or agent in writing in ACT 2 of the DCMO for new facilities.

- 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 animal management plan identified Section II, D, expires five years from the date it was developed and that an updated animal management plan must be submitted to MDEQ prior to its expiration date.

I certify under penalty of law that I am the owner and/or operator of the facility and that the information submitted to the DCMO is true and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am directly responsible for gathering the information and certifying its truthfulness to the best of my knowledge and belief. 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 proper container is used in the original issue of the permit. Also, I certify that I understand when coverage is terminated and an owner, operator, or agent is notified under this permit to do so within a certain period of time.

Date

Signature of Responsible Officer

Name

Printed Name