

50151
Scott Co.



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



COVERAGE NUMBER: MSG20 1187. 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: Sistrunk Farms, LLC (Karen Moorehead)

Facility Name: Tammy Farm

Mailing Address:
Street or P.O. Box: P.O. Box 169

City: Sebastopol State: MS

RECEIVED
AUG 26 2022
Dept. of Environmental Quality

Zip: 39359

Physical Site Address:

Street (can not be a P.O. Box) 2364 Clyde B Road

City: Walnut Grove State: MS Zip: 39189

County: Scott

(For new facilities) Latitude (degrees/min/sec): 32.5691 Longitude: -89.3582

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): (601) 625-0174

Facility Fax No. (Include Area Code): (601) 625-0558

Contact Cell Phone No. (Include Area Code): (601) 416-3223

Other Contact Phone Numbers (Include Area Code): (601) 416-8241

Contact Email: sistrunkpallets@yahoo.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

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

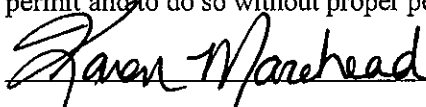
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.

	<u>8-23-2022</u>
Signature of Responsible Official	Date
<u>Karen Moorehead</u>	<u>Manager</u>
Printed Name	Title

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): 154,000 Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: Koch 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): Existing Compost 134 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: 7-27-2022 Expiration Date: 9/2027

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.



Koch Foods, Inc.
Live Production
911 South Main Street
Forest, MS 39074
601-732-8911

R E C E I V E D
AUG 26 2022

June 28, 2022

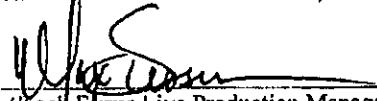
MDEQ

To Whom it May Concern:

Effective upon the execution of the Acknowledgement and Statement of Intention by **Karen Moorehead DBA Sistrunk Farms LLC**. Below, this letter represents Koch Farms of Mississippi, LLC's ("Koch") intent to enter into a Broiler Growing Agreement ("Agreement") with **Koch Farms of MS** upon the construction of **(4) 54x500** poultry houses on the farm located at **2364 Clyde B Road Walnut Grove, MS 39189**. The houses must be completed to Koch Farms Plus house specifications.

This letter is valid for 90 days from the above date. After **Karen Moorehead DBA Sistrunk Farms LLC** signs below, please deliver a fully executed copy of this letter to Koch's Live Production Manager at the above address. If you need further assistance, the Live Production Department may be reached at (601) 732-3024.

KOCH FARMS OF MISSISSIPPI, LLC

By: 
(Koch) Farms Live Production Manager

Acknowledgement and Statement of Intention

I acknowledge receipt of a true written copy of the Agreement referenced above, including all housing specifications, and by signing below, represent my intent to enter into the Agreement with Koch upon completion of construction of the poultry houses.

GROWER: Sistrunk Farms, LLC

By: Karen Moorehead

Date: 6-28-2022

America's Chicken Specialist™

DRY LITTER POULTRY BUFFER ZONE WAIVER

Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 2261
Jackson, Mississippi 39225-2261

RECEIVED
AUG 26 2022

Please check one of the following:

MDEQ

I, Larry Loper, 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

Sistrunk Farms, LLC, 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 Sistrunk Farms, LLC, 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: 7-29-2022

Owner Signatures: Larry Loper

Shelia R. Towner
(Signature of Notary Public)

My commission expires: 3-18-2024

