

Att # 105917  
Monroe Co.



# CONCENTRATED ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 0014. 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

RECEIVED

Facility Prestage Farms MS Inc, Hi - Lo Farms Name: SAFMS 2023

Owner Name: Prestage Farms MS Inc,

Mailing Address - Street or P.O. Box: PO Box 1425 MDEQ

City: West Point State: MS Zip: 39773

Physical Site Address - Street (can not be a P.O. Box): 20714 white Rock Rd

City: Aberdeen State: MS Zip: 39730

County: Monroe Latitude: 33° 53' 09.28 N  
Longitude: 88° 38' 23.80 W

Facility Telephone: (662) 495-7221 Fax: ( )

Contact Cell No.: (662) 295-5885 Other: ( )

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

### A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input checked="" type="checkbox"/> Swine (55 lbs. or over)	<u>4040</u>		<input type="checkbox"/> Dairy Cows		
<input type="checkbox"/> Swine (under 55 lbs.)			<input type="checkbox"/> Heifers		
<input type="checkbox"/> Chickens (broilers)			<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Chickens (layers)			<input type="checkbox"/> Other: Specify		
<input type="checkbox"/> Cattle (not dairy or veal calves)					

### B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 6731 tons or — gallons
- How many acres of land, under the control of the applicant, are available for land application? 33.1 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? -0- tons -0- gallons

**II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)**

**C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER** (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>16,896 00</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

**D. NUTRIENT MANAGEMENT PLAN (NMP)**

- Number of existing houses/barns: 4  
 Number of proposed houses/barns: -0-
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).  
 CNMP Development Date: Jan 2020      CNMP Expiration Date: Dec 2024
- A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP.       Yes       No

**Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.**

**III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR**

No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.

Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

**MANUFACTURER'S INFORMATION**

Manufacturer Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

**TYPE OF INCINERATOR**

Single Chamber

Multiple Chamber

Other, describe \_\_\_\_\_

**TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION**

Total number of incinerators on site: \_\_\_\_\_

1. Manufacture Date: _____	Latitude: _____	Longitude: _____
2. Manufacture Date: _____	Latitude: _____	Longitude: _____
3. Manufacture Date: _____	Latitude: _____	Longitude: _____