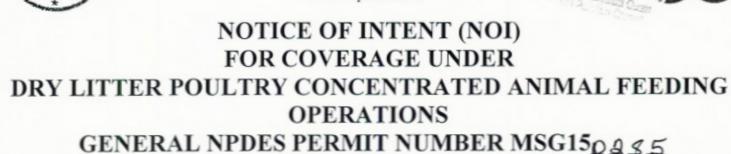
AI#16430

Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612

www.deq.state.ms.us



(Number to be assigned by State)

INSTRUCTIONS

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

- A NUTRIENT MANAGEMENT PLAN
- . A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

USGS QUAD MAPS SUBMITTED MUST EXTEND AT LEAST ONE MILE BEYOND THE PROPERTY BOUNDARIES OF THE FACILITY AND MUST CLEARLY SHOW ALL SPRINGS AND SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN 1/4 MILE OF THE FACILITY. ADDITIONALLY, ALL PUBLIC DRINKING WELLS WITHIN ONE MILE OF THE FACILITY MUST BE IDENTIFIED.

THE SITE DRAWING MUST SHOW THE PROPERTY BOUNDARIES AND MUST INDICATE THE APPROXIMATE LOCATION OF EACH EXISTING AND PROPOSED STRUCTURE (HOUSE, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

SUBMIT AT LEAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, ENVIRONMENTAL PERMITS DIVISION, MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY, P.O. BOX 10385, JACKSON, MISSISSIPPI 39289-0385.

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY, ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner:Charlie Dale				
Facility Name: _Charlie Dale				
Mailing Address:				
Street or P.O. Box:P.O. Box 26				
City: _Prentiss	State:	MS	Zip:	_39474
Physical Site Address: (If the physical add intersection.)	ress is not available indic	cate the nea	rest name	ed road or
Street (can not be a P.O. Box)	4 Big C Farm Trail			
City: _Prentiss	State:	MS	Zip: _	39474
County: _Jefferson Davis				
Latitude (degrees/min/sec):	31 42 24.5"			
Longitude (degrees/min/sec):ω	089°51' 28.9"			
Nearest named receiving stream:	White Sand Creek			
Facility Telephone No. (Include Area Code	e):601-792-5113			
Facility Fax No. (Include Area Code):	601-792-5113			
Facility Cell Phone No. (Include Area Code	e):			
Other Contact Phone Numbers (Include Are	ea Code):			
T	YPES OF ACTIVITY			
Check all that apply:				
New dry litter poultry operation				
Proposed dry litter poultry operation				
Construction and/or operation of an inc	inerator			
New or expanding operations that will require construction activities disturbing one acre or more				

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 146,400 Layers (SIC 0252): TOTAL AMOUNT: Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT Check all that apply and indicate total days of storage and	Check any of the follow to control runoff and pro- Buffers Setbacks Conservation to Constructed we Infiltration field Grass filter Terrace C, STORAGE, AND CAPAC	Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter Terrace CRAGE, AND CAPACITY		
Type of Storage	Total Number of Days	Total Capacity (tons)		
X Roofed Storage Shed	301	398		
☐ Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify				
Are all incinerators at least 150 feet from the nealight commercial buildings not owned by the approximate NOTE: If answered no to any of these questions wavier must be completed by all affected proper Notary Public. A copy of the Dry Litter Buffer Z http://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	No, attach wavier arest residential or recreational plicant? Yes s then attach a completed Poulty owners and notarized by a Stone Waiver can be found at	ant and at least 150 feet from I area, all dwellings, and all No, attach wavier Itry Buffer Zone Waiver. The State of Mississippi appointed		
CONTRACT INFOMATION				
Is this facility a contract operation? Y Yes No				
If yes, what is the name and address of the integr	rator?			
Name: Sanderson Farms	Address:Laurel, MS			

ATTACHMENTS

- Attach an USGS quad map or copy that extends at least one mile beyond the property boundaries of the facility and clearly show all springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must be identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.
- Attach a site drawing showing the property boundaries and must indicate the approximate location of each existing and proposed structure (house, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.

NUTRIENT MANAGEMENT PLAN Answer the following	
Has a nutrient management plan been developed? X Yes No	
If yes, when was the nutrient management plan submitted? Date:08-08-01_	
If no, when will the nutrient management plan be developed? Date:	
Is a nutrient management plan already being implemented for the facility? Yes	☐ No
The date of the last revision of the nutrient management plan. Date:	
What is the estimated amount of litter generated per year?1590 tor	ns/year
Total acreage needed for land application:_215.9	
Total acreage available for land application:0	
Will a third party remove litter off site? ☐ Yes 🗓 No SEE NOTE *	
If yes, how much litter will be transferred to other persons per year?	tons/year
If not land applying, describe alternative use(s) of the litter: Charlie Dale will use a prode with the litter and where it is applied. He will sell the litter to different farmers and landow	

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

Check this box if this section does not apply				
NOTE: Coverage for construction and/or operation of p have previously submitted approved stack test. For a list file please visit http://www.deq.state.ms.us/MDEQ.nsf/p or call (601) 961-5171.	of incinerators that have approved stack tests on age/epd_AgriculturalBranchEPD?OpenDocument			
Carcasses generated at facilities other than the one identi- under this coverage. Only chicken carcasses generated of materials such as leaves, trash, and construction debris, a	n site are permitted for incineration. All other			
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR			
Manufacturer Name: National Incinerator	Single chamber			
	☐ Multiple chamber			
Model Number:Destructor				
Capacity (tons/hour):500	Other, describe			
Total number of incinerators on site:2 Please provide the manufacture date for each incinerator and indicate the latitude and longitude coordinates where installed on site in degrees, minutes, and seconds. Date(s): Latitude: Longitude:				
FUEL TYPE AND INCINERATOR TEMPERATUR	E RANGE			
Fuel Type:P If fuel oil is burned, what is the sulfur content of the oil?	%			
Incinerator operating temperature range				

_	***
Army Corps of Eng	ct is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. ineers regulatory branch for possible permitting requirements. If the project requires a action 404 Permit, provide appropriate documentation from the Corps that the project
Indicate any local st documentation of ap	orm water ordinance with which the project must comply and submit any oproval.
PROJECT INFOR	MATION
Total acreages that v	vill be disturbed:2
•	onstruction activity:Two additional poultry houses will be added to the North end of the farm nt slope
Nearest named recei	ving stream: White Sand Creek
	al streams, private/public ponds or lakes within ½ mile downstream of project boundary d by the construction activity? Yes X No
Soil Characteristics:	_The soil is Ora on a "B" slope. It consists of moderately well drained soils that have a fragipan
	Water Pollution Prevention Plan (SWPPP) that includes the minimum components WPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control

Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm

Water in Accordance with the National Pollution Discharge Elimination System.

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

V. CERTIFICATION

Note: This application shall be signed according to the General Permit, page 3, as follows:

- · For a corporation, by a responsible corporate officer.
- · For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

6-23-00

Signature of Responsible Official

Title