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Mississippi Department of Environmental Quality

SEP 1 2 2005

MDEQ

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

NOTICE OF INTENT (NOI)
FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150308

(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: Gregory L. Lockhart
Facility Name: Lockhart Farms
Mailing Address:
Street or P.O. Box: P.O. Box 928 or 767 Old St. John Road
City: State: _MS Zip:39191
Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.)
Street (can not be a P.O. Box) 3196 Elkins Road
City: State:MS Zip: _39191
County: Copiah
Latitude (degrees/min/sec):31.764421941420856
Longitude (degrees/min/sec):90.27733286533865
Nearest named receiving stream: Martin Creek
Facility Telephone No. (Include Area Code):601-643-0109 or 601-643-5705
Facility Fax No. (Include Area Code):
Facility Cell Phone No. (Include Area Code): 601-748-0293
Other Contact Phone Numbers (Include Area Code):
TYPES OF ACTIVITY
Check all that apply:
X New dry litter poultry operation
Proposed dry litter poultry operation
X Construction and/or operation of an incinerator
X 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	Check any of the following	BEST MANAGEMENT PRACTICES (BMP) Check any of the following BMPs that will be implemented to control runoff and protect water quality		
X Boilers (SIC 0251): <u>146,400</u>	V Duffers			
☐ Layers (SIC 0252):	☐ Setbacks	X Buffers Setbacks Conservation tillage		
TOTAL AMOUNT: 146,400	Constructed wetland Infiltration field			
X Housed under roof	X Grass filter			
Open confinement	Теттасе			
TYPES OF DRY LITTER CONTAINMEN' Check all that apply and indicate total days of storage an		TY		
Type of Storage	Total Number of Days	Total Capacity (tons)		
☐ Roofed Storage Shed				
Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify				
Are all poultry houses, that have been construct all occupied dwellings or commercial establish all adjoining property lines? Yes Are all incinerators at least 150 feet from the net light commercial buildings not owned by the appropriate the second of these questions wavier must be completed by all affected proper Notary Public. A copy of the Dry Litter Buffer	ments not owned by the applicant X No, attach wavier searest residential or recreational oplicant? X Yes must then attach a completed Poulterty owners and notarized by a S Zone Waiver can be found at	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The tate of Mississippi appointed		
http://www.deq.state.ms.us/MDEQ.nsf/page/ep or call (601) 961-5171.	d_AgriculturalBranchEPD?Ope	nDocument		
CONTRACT INFOMATION				
	□ No			
Is this facility a contract operation? X Yes	_			
If yes, what is the name and address of the integ	grator?			
Name: Sanderson Farms	Address: P.O. Box 506	Hazlehurst, MS 39083		

ATTACHMENTS

- X 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.
- X 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.

UTRIENT MANAGEMENT PLAN nswer the following
as a nutrient management plan been developed? X Yes No
If yes, when was the nutrient management plan submitted? Date: 9/8/2005
If no, when will the nutrient management plan be developed? Date:
a nutrient management plan already being implemented for the facility?
he date of the last revision of the nutrient management plan. Date: N/A
hat is the estimated amount of litter generated per year?tons/year
otal acreage needed for land application: N/A
otal acreage available for land application:0
ill a third party remove litter off site? X Yes No
If yes, how much litter will be transferred to other persons per year?tons/year
not land applying, describe alternative use(s) of the litter:

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR Check this box if this section does not apply

Check this box if this section do	es not apply		
NOTE: Coverage for construction and/have previously submitted approved starfile please visit http://www.deq.state.ms.or.call (601) 961-5171.	ck test. For a li	st of incinerator	s that have approved stack tests on
Carcasses generated at facilities other the under this coverage. Only chicken carca materials such as leaves, trash, and cons	asses generated	on site are perm	nitted for incineration. All other
		•	
MANUFACTURER'S INFORMATIO	ON	TYPE OF	INCINERATOR
Manufacturer Name: National Incinerat	or Inc.	X Single c	chamber
Model Number: Destructor		☐ Multiple	e chamber
Capacity (tons/hour):500 Lbs./ 3Hrs		Other, d	describe
TOTAL NUMBER OF INCINERATO	ORS AND TH	EIR DATES OF	FCONSTRUCTION
Total number of incinerators on site:	0 but (propos	sed 2)	
Please provide the manufacture date for where installed on site in degrees, minute Date(s):proposed location	es, and seconds Latitude: _3 Latitude: _ Latitude: _	1.7644219414	Longitude: -90.27733286533 Longitude:
	Latitude:		Longitude:
FUEL TYPE AND INCINERATOR T	EMPERATU	RE RANGE	
Fuel Type: Butane	_		
If fuel oil is burned, what is the sulfur co	ntent of the oil	? _0_%	
Incinerator operating temperature range	1000 - 1300	°F	

Army Corps of Engineers regulatory branch for possible permitting requirements. If the project require Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.	sa
Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.	
PROJECT INFORMATION	
Total acreages that will be disturbed:10.65	
Description of the construction activity: Clearing and dirt work for construction of Six new poultry Houses	
Nearest named receiving stream: Martin Creek	
Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project bound that may be impacted by the construction activity?	dary
Soil Characteristics: Lorman Fine Sandy Loam and Providence Silt Loam	

X Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components

Water in Accordance with the National Pollution Discharge Elimination System.

found under "SWPPP 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

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

IV. 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.

Gregory L. Lockhart Signature of Responsible Official	9 - 8-05 Date
Owner	
Title	