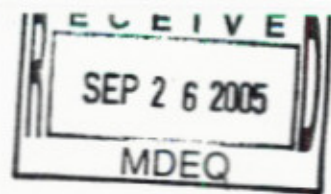


AI #1344

GP20050001

MSG-160002

I. GENERAL INFORMATION:



CONTACT AND FACILITY INFORMATION

Name of Owner: John S. Mallet

Facility Name: Mallet Farm

Mailing Address:

Street or P.O. Box: 23979 HWY 45

City: Brooksville State: MS Zip: 39739

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) 23979 HWY 45

City: Brooksville State: MS Zip: 39739

County: Noxubee

Latitude (degrees/min/sec): 33.2660

Longitude (degrees/min/sec): -88.5662

Nearest named receiving stream: Joe's Creek

Facility Telephone No. (Include Area Code): 662-738-5538

Facility Fax No. (Include Area Code): 662-726-4415

Facility Cell Phone No. (Include Area Code): 662-341-1287

Other Contact Phone Numbers (Include Area Code): 662-726-4733-work

TYPES OF ACTIVITY

Check all that apply:

Sow swine operation *N/A*

Feeder swine operation

Nursery swine operation *N/A*

Construction and/or operation of an incinerator *N/A*

II. CONCENTRATED SWINE FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF SWINE (SIC 0213)

Check all that apply and indicate the amounts

| | Under Roof | Confinement |
|--|-------------|-------------|
| <input type="checkbox"/> Sow | <u>N/A</u> | <u>N/A</u> |
| <input checked="" type="checkbox"/> Feeder/Finishing | <u>3526</u> | <u>N/A</u> |
| <input type="checkbox"/> Nursery | <u>N/A</u> | <u>N/A</u> |

BEST MANAGEMENT PRACTICES (BMP)

Check any of the following BMPs that will be implemented to control runoff and protect water quality

- Buffers
- Setbacks
- Conservation tillage *N/A*
- Constructed wetland *N/A*
- Infiltration field *N/A*
- Grass filter
- Terrace

TYPES OF CONTAINMENT, STORAGE, AND CAPACITY

Check all that apply and indicate total days of storage and their capacity

| Type of Containment | Total Capacity (in gallons) |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Lagoon | <u>6,786,344</u> |
| <input type="checkbox"/> Holding Pond <i>N/A</i> | |
| <input type="checkbox"/> Evaporation Pond <i>N/A</i> | |
| <input type="checkbox"/> Other: Specify <u>N/A</u> | |
| Total number of acres from production area contributing to drainage: <u>57</u> acres | |

TYPES OF CONTAINMENT, STORAGE, AND CAPACITY (CONTINUED)

Check all that apply and indicate total days of storage and their capacity

| Type of Storage | Total Number of Days | Total Capacity (gallons or tons) |
|---|----------------------|----------------------------------|
| <input checked="" type="checkbox"/> Anaerobic Lagoon | 90 | 6,786,344 gal |
| <input type="checkbox"/> Storage Lagoon N/A | | |
| <input type="checkbox"/> Evaporation Pond N/A | | |
| <input type="checkbox"/> Aboveground Storage Tank N/A | | |
| <input type="checkbox"/> Belowground Storage Tank N/A | | |
| <input type="checkbox"/> Roofed Storage Shed N/A | | |
| <input type="checkbox"/> Concrete Pad N/A | | |
| <input type="checkbox"/> Impervious Soil Pad N/A | | |
| <input type="checkbox"/> Other: Specify N/A | | |

CONTRACT INFORMATIONIs this facility a contract operation? Yes No

If yes, what is the name and address of the integrator?

Name: Prestige FarmsAddress: P.O. Box 1425
1550 West Churchill Rd.
West Pt., MS 39773**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? Yes No

If yes, when was the nutrient management plan submitted? Date: _____

If no, when will the nutrient management plan be developed? Date: 4-1-06

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: 2-18-94

What is the estimated amount of manure and wastewater generated per year? 5787 tons

1,413,280 gallons

Minimum acreage needed for land application of manure and wastewater: 57

Total acreage available for land application of manure and wastewater: 75

Will a third party remove manure and wastewater off site? Yes No

If yes, how much manure and wastewater will be transferred to other persons per year?
_____ tons _____ gallons

If not land applying, describe alternative use(s) of the manure and wastewater: N/A

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

Check this box if this section does not apply

NOTE: Coverage for construction and/or operation of mortality incinerators is for incinerators that have previously submitted approved stack test. For a list of incinerators that have approved stack tests on file please visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

Carcasses generated at facilities other than the one identified in this NOI are not permitted for incineration under this coverage. Only carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

MANUFACTURER'S INFORMATION

Manufacturer Name: _____

Model Number: _____

Capacity (tons/hour): _____

TYPE OF INCINERATOR

Single chamber

Multiple chambers

Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: _____

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: _____ |
| _____ | Latitude: _____ | Longitude: _____ |
| _____ | Latitude: _____ | Longitude: _____ |
| _____ | Latitude: _____ | Longitude: _____ |

FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: _____

If fuel oil is burned, what is the sulfur content of the oil? _____%

Incinerator operating temperature range _____°F

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.

John S. Mullet
Signature of Responsible Official

9/24/05
Date

John S. Mullet
Name of Responsible Official (Printed or Typed)

owner
Title