

AI #1407  
GNP20050001  
MSG160010

I. GENERAL INFORMATION:



CONTACT AND FACILITY INFORMATION

Name of Owner: Don Harrington

Facility Name: H and M Farms

Mailing Address:

Street or P.O. Box: 310 County Road 168

City: Houston State: MS Zip: 38851

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): CR166 & CR168

City: Houston State: MS Zip: 38851

County: Chickasaw

Latitude (degrees/min/sec): A N 33° 51.487' | B N 33° 51.485'

Longitude (degrees/min/sec): W 088° 52.197' | W 088° 52.329'

Nearest named receiving stream: Long Creek

Facility Telephone No. (Include Area Code): 662-456-9347

Facility Fax No. (Include Area Code): NA

Facility Cell Phone No. (Include Area Code): NA

Other Contact Phone Numbers (Include Area Code): 662-456-2839

TYPES OF ACTIVITY

Check all that apply:

☒ Sow swine operation

☒ Feeder swine operation

☐ Nursery swine operation

☐ Construction and/or operation of an incinerator

## 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	_____	_____
<input checked="" type="checkbox"/> Feeder/Finishing	<u>1</u>	<u>14080</u>
<input type="checkbox"/> Nursery	_____	_____

### 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
- ☐ Constructed wetland
- ☐ Infiltration field
- ☐ 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	<del>20</del> 26847139
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: Specify _____	

Total number of acres from production area contributing to drainage: 194.9 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 <del>or</del> tons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	90	26847139
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tank		
<input type="checkbox"/> Belowground Storage Tank		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

**CONTRACT INFORMATION**Is this facility a contract operation? ☒ Yes ☐ No

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

Name: Prestage Farms Address: P.O. Box 1425  
West Point, MS 39273**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  $\frac{1}{4}$  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: 3-25-07

What is the estimated amount of manure and wastewater generated per year? A 11563 tons

B 11563  
A 25806646 gallons  
B 25806646

Minimum acreage needed for land application of manure and wastewater: \_\_\_\_\_

Total acreage available for land application of manure and wastewater: 194.9

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:

### 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/cpd\\_AgriculturalBranchEPD?OpenDocument](http://www.deq.state.ms.us/MDEQ.nsf/page/cpd_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.

  
\_\_\_\_\_  
Signature of Responsible Official

9-26-05  
\_\_\_\_\_  
Date

ALAN MOORE  
\_\_\_\_\_  
Name of Responsible Official (Printed or Typed)

President  
\_\_\_\_\_  
Title