

AI #1923  
Gn P20050001  
I. GENERAL INFORMATION:  
MSC 160009

RECEIVED  
SEP 29 2005  
Dept. of Environmental Quality  
Office of Pollution Control

CONTACT AND FACILITY INFORMATION

Name of Owner: Bobby Kirby  
Facility Name: Bobby Kirby  
Mailing Address:  
Street or P.O. Box: Route 1 Box 54  
City: Mantee State: MS Zip: 39751  
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): Highway 340 + 341  
City: Mantee State: MS Zip: 39751  
County: Chickasaw  
Latitude (degrees/min/sec): N 33° 45.163'  
Longitude (degrees/min/sec): W 089 07.808'  
Nearest named receiving stream: Farm ditch thence to Topashaw Creek  
Facility Telephone No. (Include Area Code): 662 456-7349  
Facility Fax No. (Include Area Code): NA  
Facility Cell Phone No. (Include Area Code): NA  
Other Contact Phone Numbers (Include Area Code): NA

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>3520</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	<u>3651840</u>
<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: 49.1 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 type="checkbox"/> Anaerobic Lagoon	90	36 518 40 gal.
<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 Farm 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 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: 4-1-00

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: 1-30-95

What is the estimated amount of manure and wastewater generated per year? 5782 tons  
5,332,457 gallons

Minimum acreage needed for land application of manure and wastewater: 26.5

Total acreage available for land application of manure and wastewater: 49.1

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/epd\\_AgriculturalBranchEPD?OpenDocument](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.

Bobby F. Mirby  
Signature of Responsible Official

9-24-05  
Date

BOBBY F. MIRBY  
Name of Responsible Official (Printed or Typed)

OWNER  
Title