

AJ #1644  
CMAA20050001



## Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

POST OFFICE BOX 10385 • JACKSON, MS 39289-0385

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www.deq.state.ms.us

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OCT 2005  
Office of Environmental Quality  
Office of Pollution Control



# NOTICE OF INTENT (NOI) FOR COVERAGE UNDER THE MULTIMEDIA GENERAL PERMIT INCLUDING NPDES REQUIRMENTS FOR EXISTING SWINE CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL PERMIT NUMBER MSG160033

(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 USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING

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 ¼ 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 (BARN, LAGOON, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

AN UPDATED NUTRIENT MANAGEMENT PLAN MUST BE SUBMITTED WITHIN 180 DAYS OF COVERAGE.

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: Bonnie MAoney

Facility Name: Hatchie River farms, No. 2

Mailing Address:

Street or P.O. Box: 2361 CR 545

City: Ripley State: MS Zip: 38663

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) CR 545 + CR 548

City: Ripley State: MS Zip: 38663

County: Tippah

Latitude (degrees/min/sec): 34° 43' 42" N

Longitude (degrees/min/sec): 88° 44' 38" W

Nearest named receiving stream: Hatchie River

Facility Telephone No. (Include Area Code): 662-837-3371

Facility Fax No. (Include Area Code): 662-837-3371

Facility Cell Phone No. (Include Area Code): 662-512-8196

Other Contact Phone Numbers (Include Area Code): N/A

**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	5760	_____
<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      180 DAYS	10,468,260 gals.
<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: 0 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	180	10,468,260 gals.
<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: Gold KistAddress: 98 College St.  
Jefferson, GA 30549**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: 5-27-03

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: 5-27-03

What is the estimated amount of manure and wastewater generated per year? 8,997 tons  
\_\_\_\_\_ gallons

Minimum acreage needed for land application of manure and wastewater: 41

Total acreage available for land application of manure and wastewater: 70

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:

\* An updated CNMP will be submitted within 180 DAYS of NOI Submission.

### 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.

Bonnie Mauney  
Signature of Responsible Official

9-28-05  
Date

BONNIE MAUNEY  
Name of Responsible Official (Printed or Typed)

Owner  
Title