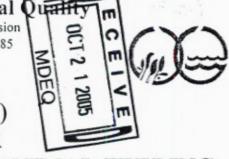
AT#22732

Mississippi Department of Environmental Qua

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 MSG150314

(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 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 (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: KENNETH TOWNY EA	STERLING
Facility Name: EASTERLING POULTR	y
Mailing Address:	
Street or P.O. Box: 2343 SCR 121	
City: RALEIGH	State: Zip: 39153
Physical Site Address: (If the physical address is not avai intersection.)	lable indicate the nearest named road or
Street (can not be a P.O. Box)23435 &	R 121
City: RALEIGH	State: Zip:
County: SMITH	
Latitude (degrees/min/sec): 31° 59′ 7	5" N
Longitude (degrees/min/sec): 89° 33, 3	6" W
Nearest named receiving stream:	
Facility Telephone No. (Include Area Code):	601-182-9763
Facility Fax No. (Include Area Code):	MA
Facility Cell Phone No. (Include Area Code):	NA
Other Contact Phone Numbers (Include Area Code):	NA
TYPES OF ACT	TIVITY
Check all that apply:	
New dry litter poultry operation	
Proposed dry litter poultry operation	
Construction and/or operation of an incinerator	
New or expanding operations that will require construct	ction 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 Boilers (SIC 0251):	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 STORAGE, AND CAPACITY	
Type of Storage		T. 116
	Total Number of Days	Total Capacity (tons)
Roofed Storage Shed	365	998
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify Dry Stack	362	200
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishme all adjoining property lines? Yes Are all incinerators at least 150 feet from the near light commercial buildings not owned by the app. NOTE: If answered no to any of these questions wavier must be completed by all affected propert Notary Public. A copy of the Dry Litter Buffer Zohttp://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	ents not owned by the applicar No, attach wavier rest residential or recreational licant? Yes then attach a completed Poult y owners and notarized by a Stone Waiver can be found at	area, all dwellings, and all No, attach wavier ry Buffer Zone Waiver. The tate of Mississippi appointed
Is this facility a contract operation? Yes If yes, what is the name and address of the integral Name: Tyson	□ No ator? Address: 885 Industrial f	De ch. De . d

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?		
If yes, when was the nutrient management plan submitted? Date: 6-05		
If no, when will the nutrient management plan be developed? Date:		
Is a nutrient management plan already being implemented for the facility?		
The date of the last revision of the nutrient management plan. Date: _/o - o 5		
What is the estimated amount of litter generated per year? 998 tons/year		
Total acreage needed for land application: 102 - 151		
Total acreage available for land application: 89.4		
Will a third party remove litter off site? Yes No		
If yes, how much litter will be transferred to other persons per year? 130 tons/year (total clean out years) If not land applying, describe alternative use(s) of the litter:		
in 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

have previously submitted appr	roved stack test. For a lis	poultry mortality incinerators is for incinerators that st of incinerators that have approved stack tests on page/epd_AgriculturalBranchEPD?OpenDocument	
	ken carcasses generated	tified in this NOI are not permitted for incineration on site are permitted for incineration. All other are strictly forbidden.	
MANUFACTURER'S INFO	RMATION	TYPE OF INCINERATOR	
Manufacturer Name:		Single chamber	
Model Number:		☐ Multiple chamber	
Capacity (tons/hour):		Other, describe	
Total number of incinerators of Please provide the manufacture where installed on site in degre	date for each incinerator	r and indicate the latitude and longitude coordinates	
Date(s):		Longitude:	
		Longitude:	
	Latitude:	Longitude:	
	Latitude:	Longitude:	
FUEL TYPE AND INCINER	ATOR TEMPERATUR	RE RANGE	
Fuel Type:			
If fuel oil is burned, what is the	sulfur content of the oil	?%	
Incinerator operating temperatu	ire range	_°F	

Army Corps of Engineer Se has been approved.	ction 404 Permit,	anch for poss provide appr	ible permittin	g requirement entation fron	nts. If the pront the Corps t	oject requires a that the project
Indicate any local sto documentation of app	rm water ordinanc	THE REAL PROPERTY AND ADDRESS.	Day of the second second		ACTIVITIES LINES TO THE	THE STATE OF THE PERSON NAMED IN
PROJECT INFOR	MATION					
Total acreages that w	ill be disturbed: _	5.1				
Description of the co	nstruction activity:					Ь
Nearest named receiv	ing stream:	ry Cre	eK			
Are there recreationa that may be impacted				n ½ mile dow	nstream of p	project boundary
			Sandy	100.	1/2 8%	6/1.

Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm

Water in Accordance with the National Pollution Discharge Elimination System.

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

V. CERTIFICATION

Title

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.

Kenneth 1. Sorterlin	10-1	
Signature of Responsible Official	Date	
0		