AI#1394 Gn P20050000



Mississippi Department of Environmental Quality

Office of Pollution Control - Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612



ECEL

MDEC

# DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS**

GENERAL NPDES PERMIT NUMBER MSG150270

(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 1/4 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 OUESTIONS 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: Bob Dykes		
Facility Name: Dykes Farms LLC.		
Mailing Address:		
Street or P.O. Box: P.O. Box 605 Collins MS 3942	28	
City: Collins	State: MS Zip: 39428	
Physical Site Address: (If the physical address is not avointersection.)  Street (can not be a P.O. Box)  Intersection of Blak		
	State: MS Zip: 39428	
County: Covington		
Latitude (degrees/min/sec): N 31-43'-57.7"		
Longitude (degrees/min/sec): W 089-32'-37.3"		
Nearest named receiving stream: Rogers Creek		
Facility Telephone No. (Include Area Code):	(601) 765-0060	
Facility Fax No. (Include Area Code):	N/A	
Facility Cell Phone No. (Include Area Code):	N/A	
Other Contact Phone Numbers (Include Area Code):	N/A	
TYPES OF AC	CTIVITY	
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 constr	uction activities disturbing one acre or more	

## II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT Check all that apply and indicated Boilers (SIC 0251):  ☐ Layers (SIC 0252):  TOTAL AMOUNT: ☐ Housed under roof ☐ Open confinement		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 DRY LITTI Check all that apply and indica		, STORAGE, AND CAPACIT their capacity in tons	ΓY	
Type of S	torage	Total Number of Days	Total Capacity (tons)	
Roofed Storage Shed		279	1,878	
Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify				
all occupied dwellings or all adjoining property line.  Are all incinerators at least light commercial building.  NOTE: If answered no to wavier must be completed. Notary Public. A copy of http://www.deq.state.ms.u or call (601) 961-5171.	commercial establishms? Yes  It 150 feet from the near so not owned by the approperations any of these questions by all affected propert the Dry Litter Buffer Z s/MDEQ.nsf/page/epd	and or enlarged after February 24 ments not owned by the applicant No, attach wavier arest residential or recreational solicant?  Yes  1 ments attach a completed Poult by owners and notarized by a Stone Waiver can be found at AgriculturalBranchEPD?Oper	area, all dwellings, and all No, attach wavier ry Buffer Zone Waiver. The tate of Mississippi appointed	
CONTRACT INFOMAT	_	E.V.		
Is this facility a contract of	peration?  Yes	□ No		
If yes, what is the name ar	nd address of the integra			
Name: Sanderson Farms		Address: Laurel, MS		

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: 6-22-05
If no, when will the nutrient management plan be developed? Date: N/A
Is a nutrient management plan already being implemented for the facility?
The date of the last revision of the nutrient management plan. Date: 6-22-05
What is the estimated amount of litter generated per year? 1,878 tons/year
Total acreage needed for land application: 180 Acres
Total acreage available for land application: 0
Will a third party remove litter off site?   ✓ Yes   No
If yes, how much litter will be transferred to other persons per year? 1.878 tons/year
If not land applying, describe alternative use(s) of the litter:

# III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCIDERATOR

Check this box if this section de	oes not apply		
NOTE: Coverage for construction and have previously submitted approved sta file please visit <a href="http://www.deq.state.ms">http://www.deq.state.ms</a> or call (601) 961-5171.	ck test. For a li	st of incinerators	s that have approved stack tests on
Carcasses generated at facilities other th under this coverage. Only chicken carc materials such as leaves, trash, and cons	asses generated	on site are perm	nitted for incineration. All other
MANUFACTURER'S INFORMATION	ON	TYPE OF	INCINERATOR
Manufacturer Name: National Incinerator, Inc.		✓ Single chamber	
Model Number:		☐ Multiple chamber	
Capacity (tons/hour): 500 Lb.		Other, describe	
Total number of incinerators on site: 2  Please provide the manufacture date for where installed on site in degrees, minus Date(s): Nov., 2000  Nov., 2000	each incinerato tes, and seconds Latitude: N Latitude: N Latitude: N	r and indicate th	Longitude: W 089-32'-37.3"  Longitude: W 089-32'-37.3"  Longitude: U 089-32'-37.3"
FUEL TYPE AND INCINERATOR	ΓEMPERATU	RE RANGE	
Fuel Type: LP-Natural Gas			
If fuel oil is burned, what is the sulfur co	ontent of the oil	?%	
Incinerator operating temperature range	1064	°F	

Army Corps of Engi	ct is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. neers regulatory branch for possible permitting requirements. If the project requires a ection 404 Permit, provide appropriate documentation from the Corps that the project
Indicate any local sta documentation of ap	orm water ordinance with which the project must comply and submit any proval.
PROJECT INFOR	MATION
Total acreages that v	vill be disturbed: 3.2 Acres
Description of the co	enstruction activity: Excavation and fill needed to construct 2 broiler house pads 44' X 500' in
Nearest named receiv	ving stream: Rogers Creek
	Il streams, private/public ponds or lakes within ½ mile downstream of project boundary by the construction activity?
	The soils are classified as SbB2. Savannah soils are loamy with 2 to 5 % slopes.

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

Water in Accordance with the National Pollution Discharge Elimination System.

#### 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.

11-16-05

Signature of Responsible Official

Title