ppi 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

www.deq.state.ms.us

Dept of Environmental Quality NOTICE OF INTENT (NOI) Office of Pollution Control

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150350

(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 OUAD 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 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: Mark & Stacy Hollings	worth
Facility Name: Stacy Hollingsworth F	Farm
Mailing Address:	
Street or P.O. Box: 2067 Caney	Creek Rd.
City: Conehatta	
Physical Site Address: (If the physical address is not avaintersection.)	ailable indicate the nearest named road or
Street (can not be a P.O. Box)Same	as above
City:	State: Zip:
County:	
Latitude (degrees/min/sec): N 32. 42	2 130'
Longitude (degrees/min/sec): W 089. 2	4005
Nearest named receiving stream: Caney C	reek
Facility Telephone No. (Include Area Code):	601-683-3831
Facility Fax No. (Include Area Code):	
Facility Cell Phone No. (Include Area Code):	
Other Contact Phone Numbers (Include Area Code):	
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	ruction 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): 170,000 Layers (SIC 0252): TOTAL AMOUNT: Housed under roof Open confinement		llage tland	
TYPES OF DRY LITTER CONTAINMENT. Check all that apply and indicate total days of storage and	, STORAGE, AND CAPACI	TY	
Type of Storage	Total Number of Days	Total Capacity (tons)	
Roofed Storage Shed Composter	180	112	
Concrete Pad			
☐ Impervious Soil Pad			
Other: Specify			
Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? Yes No, attach wavier Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? Yes No, attach wavier NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed Notary Public. A copy of the Dry Litter Buffer Zone Waiver can be found at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.			
Is this facility a contract operation? Yes If yes, what is the name and address of the integr	☐ No ator? Address:		

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: 3/03
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: 3/13/06
What is the estimated amount of litter generated per year? 1794 tons/year
Total acreage needed for land application: 172 ac 45ac >469 tons/yr (cake)
Total acreage available for land application: 39 ac.
Will a third party remove litter off site? \ Yes \ \ No cleans out to ground.
If yes, how much litter will be transferred to other persons per year? Est. 1200 tons/year
If not land applying, describe alternative use(s) of the litter:
Permit #
Facility currently permitted for 4 Broiler Houses. (MSU030057)
This plan will cover previous 4 + the addition of 4 new
houses.
Total Birds that will be under confinement - 170,000

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

Check this box if this section does not apply

Incinerator operating temperature range

have previously submitted approved stack test. For	a list of incinerators that have approved stack tests on nsf/page/epd_AgriculturalBranchEPD?OpenDocument		
Carcasses generated at facilities other than the one i under this coverage. Only chicken carcasses general materials such as leaves, trash, and construction deb			
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR		
Manufacturer Name:	☐ Single chamber		
Model Number:	☐ Multiple chamber		
Capacity (tons/hour):	Other, describe		
TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION			
Total number of incinerators on site:			
Please provide the manufacture date for each inciner where installed on site in degrees, minutes, and seco	rator and indicate the latitude and longitude coordinates		
Date(s): Latitude:	Longitude:		
Latitude:	Longitude:		
Latitude:	Longitude:		
FUEL TYPE AND INCINERATOR TEMPERAT	ΓURE RANGE		
Fuel Type:			
If fuel oil is burned, what is the sulfur content of the	oil?%		

Soil Characteristics: Ruston - Fine sandy loam - Slopes 0-8%. Well drained soil with medium to rapid runoff.

Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components

Water in Accordance with the National Pollution Discharge Elimination System.

found under "SWPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

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.

Bostocy Hollingsworth	3-13-06
Signature of Responsible Official	Date
Oune	
Title	