

AI 23534



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
www.deq.state.ms.us



REC'D 6/8/06

**NOTICE OF INTENT (NOI)
FOR COVERAGE UNDER
DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING
OPERATIONS
GENERAL NPDES PERMIT NUMBER MSG150335**
(Number to be assigned by State)

INSTRUCTIONS

1. THE APPLICANT MUST OBTAIN A COPY OF THE PROPERLY ASSIGNED
WITH THE REQUIRED INFORMATION. THE APPLICANT MUST SUBMIT THE
INSTRUCTIONS TO THE MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
AT THE ADDRESS ABOVE FOR REVIEW OF THE SITE LOCATION
AND DRAINAGE.
2. A SIGNATURE FROM THE PERSON PROVIDING THE INFORMATION MUST BE
CONSTRUCTION WORK TO BE DONE ON THE PROPERTY.
3. USE OF A PUMP OR SUPPLY OF WATER BEYOND THE PROPERTY BOUNDARY
PROPERTY BOUNDARY. THE APPLICANT MUST SHOW ALL SPRINGS AND
SURFACE WATER BODIES IN THE AREA. Ponds and drinking water wells within
MILES OF THE FACILITY. A SECTION MAY BE PROVIDED FOR THE APPLICANT TO
MILE OF THE FACILITY. THE APPLICANT MUST IDENTIFY THE
THE APPLICANT MUST IDENTIFY THE PROPERTY BOUNDARY AND THE
APPROXIMATE LOCATION OF THE PROPERTY. THE APPLICANT MUST
NOTIFY THE MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
THE APPLICANT MUST IDENTIFY THE PROPERTY BOUNDARY AND THE
SUBMIT THE APPLICANT MUST IDENTIFY THE PROPERTY BOUNDARY AND THE
PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO THE MISSISSIPPI
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.
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ENTER IN A REGISTERED ADDRESS SHOWING THAT YOU CONSIDER THE QUESTION.

Rev. 1/20/04

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Rocky Jordan

Facility Name: Rocky Jordan

Mailing Address:

Street or P.O. Box: 133 Creel Rd

City: Magee State: MS Zip: 39111

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) Creel Rd

City: Magee State: MS Zip: 39111

County: Simpson

Latitude (degrees/min/sec): 31° 56.13' N

Longitude (degrees/min/sec): 89° 39' 23" W

Nearest named receiving stream: Little Hatchapalos Creek

Facility Telephone No. (Include Area Code): 601-955-3154

Facility Fax No. (Include Area Code): _____

Facility Cell Phone No. (Include Area Code): _____

Other Contact Phone Numbers (Include Area Code): 601-849-3210

TYPES OF ACTIVITY

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 construction 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): 168,000

☐ Layers (SIC 0252): _____

TOTAL AMOUNT: 168,000

☒ 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 LITTER CONTAINMENT, STORAGE, AND CAPACITY

Check all that apply and indicate total days of storage and their capacity in tons

Type of Storage	Total Number of Days	Total Capacity (tons)
<input checked="" type="checkbox"/> Roofed Storage Shed	<u>180</u>	<u>156</u>
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

SITING CRITERIA

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.

CONTRACT INFORMATION

Is this facility a contract operation? ☒ Yes ☐ No

If yes, what is the name and address of the integrator?

Name: Tyson

Address: Mayee 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 1/4 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: 1/31/06

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: _____

What is the estimated amount of litter generated per year? 466 tons
430 coke tons/year

Total acreage needed for land application: Appx 78

Total acreage available for land application: 265

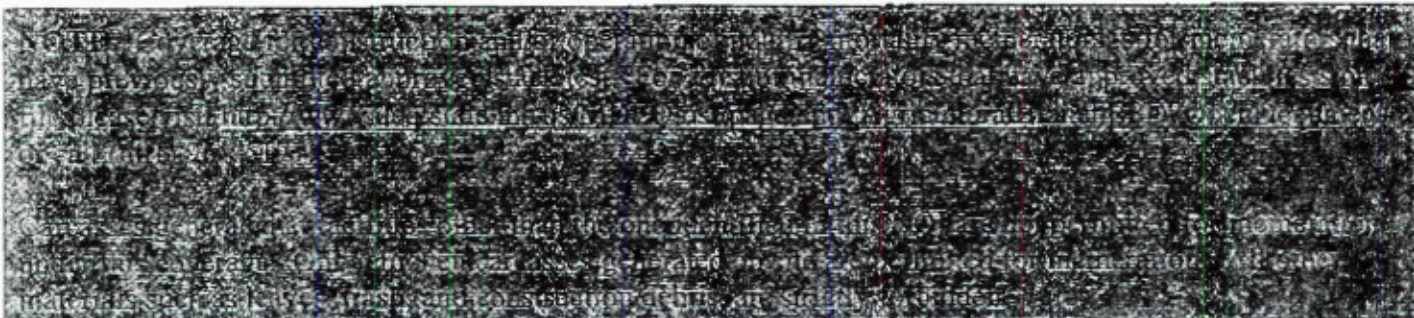
Will a third party remove litter off site? ☐ Yes ☐ No

If yes, how much litter will be transferred to other persons per year? _____ tons/year

If 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



MANUFACTURER'S INFORMATION

Manufacturer Name: _____

Model Number: _____

Capacity (tons/hour): _____

TYPE OF INCINERATOR

☐ Single chamber

☐ Multiple chamber

☐ 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

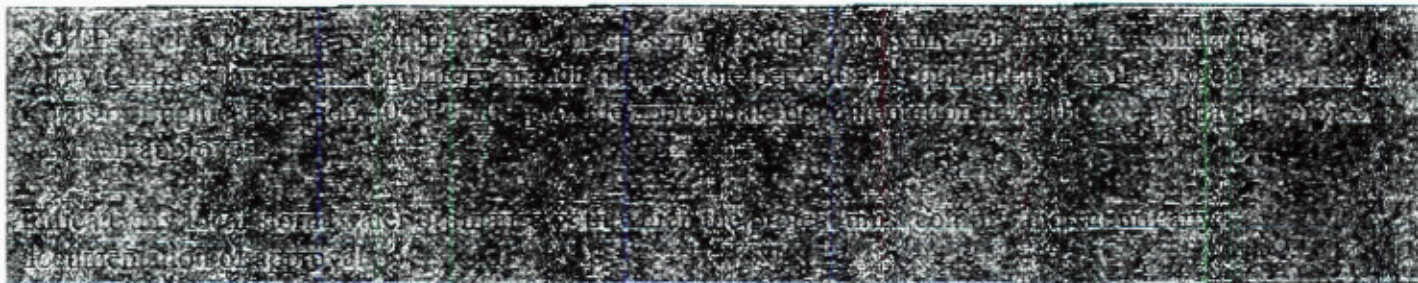
Fuel Type: _____

If fuel oil is burned, what is the sulfur content of the oil? _____%

Incinerator operating temperature range _____°F

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

☐ Check this box if this section does not apply



PROJECT INFORMATION

Total acreages that will be disturbed: 5+

Description of the construction activity: Poultry Houses

Nearest named receiving stream: Little Hatchapaleo Creek

Are there recreational streams, private/public ponds or lakes within 1/2 mile downstream of project boundary that may be impacted by the construction activity? ☐ Yes ☒ No

Soil Characteristics: _____

- ☒ Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components 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 Water in Accordance with the National Pollution Discharge Elimination System*.

V. CERTIFICATION

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.

Rocky Taden
Signature of Responsible Official

11-29-05
Date

Owner
Title