

AI #24162
GnP2006000



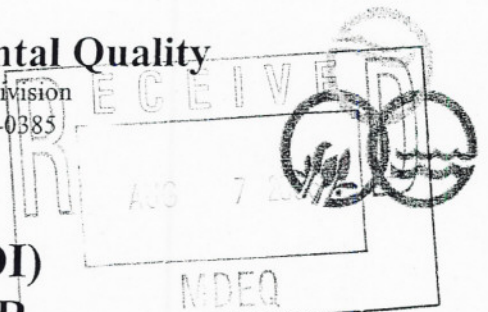
Mississippi Department of Environmental Quality

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



NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150378

(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 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: Craig Remp

Facility Name: _____

Mailing Address:

Street or P.O. Box: 691 Scott Crossing Rd.

City: Carthage State: MS. Zip: 39051

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) Mt. Charity Rd.

City: Carthage State: MS. Zip: 39051

County: Leake

Latitude (degrees/min/sec): _____

Longitude (degrees/min/sec): _____

Nearest named receiving stream: Cobbs Creek

Facility Telephone No. (Include Area Code): 601-267-7320

Facility Fax No. (Include Area Code): _____

Facility Cell Phone No. (Include Area Code): 601-479-1354

Other Contact Phone Numbers (Include Area Code): _____

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 type="checkbox"/> Roofed Storage Shed		
<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: Canthage Ms.

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

Check this box if this section does not apply

NOTE: Coverage for construction and/or operation of poultry 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.dec.state.ms.us/MDEQ/ins/page/epd_AgriculturalBranch/EPD/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 chicken 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 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

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Army Corps of Engineers regulatory branch for possible permitting requirements. If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.

Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.

PROJECT INFORMATION

Total acreages that will be disturbed: 15 ac.

Description of the construction activity: The construction of 6 Broiler houses, one Compost and one dry Shed

Nearest named receiving stream: Cobbs 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: Clay

- 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

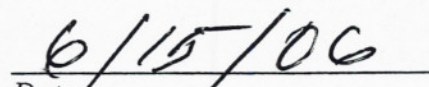
Note: This application shall be signed according to the General Permit page 3, as follows:

- c. For a corporation, by a responsible corporate officer.
- c. For a partnership, by a general partner.
- c. For a sole proprietorship, by the proprietor.

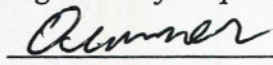
I certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for 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.



Signature of Responsible Official



Date



Title