AI # 16311 20060001

Mississippi Department of Environmental Curti

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 Office of Pollution Control NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150146

(Number to be assigned by State)

INSTRUCTIONS

MSG 150 146

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 OUAD 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 OUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY. ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE OUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Ray Warren		
Facility Name: Warren's Poultry Farm		
Mailing Address:	1	
Street or P.O. Box: 3771 Allred Dr. NW.		
City: Wesson	State: MS, Zip: 39191	
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) 3771 Allred Dr. NW.		
City: Wesson	State:MS, Zip:39/9/	
County: Lincoln	_	
Latitude (degrees/min/sec):		
Longitude (degrees/min/sec):		
Nearest named receiving stream:		
	401-835-1235	
Facility Fax No. (Include Area Code):	N/A	
Facility Cell Phone No. (Include Area Code):	601-748-1236	
Other Contact Phone Numbers (Include Area Code):	N/A	
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 Existing Operation: construction activities disturbing < 4 acres		

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 244,000 Layers (SIC 0252): TOTAL AMOUNT: 244,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and	Check any of the following to control runoff and pro Buffers Setbacks Conservation till Constructed wet Infiltration field Grass filter Terrace STORAGE, AND CAPACI	llage tland	
Type of Storage	Total Number of Days	Total Capacity (tons)	
Roofed Storage Shed	7-21	493	
Concrete Pad			
Impervious Soil Pad	7-21	2200	
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 No If yes, what is the name and address of the integrator? Name: Sanderson Farms Address: Haglehurst, Ms. 39083			

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: with CAFO-NOI		
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:		
What is the estimated amount of litter generated per year? 2693 tons/year		
Total acreage needed for land application: 258.5		
Total acreage available for land application: 228.2		
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:		
Eight Existing Poultry Houses Two New Houses to be constructed		
Two New Houses to be constructed		
Diminisions = 500'X 44'		

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.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?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 TYPE OF INCINERATOR Manufacturer Name: National Incinerator, Inc. Single chamber Model Number: J8 3D5 LP Multiple chamber Capacity (tons/hour): 500 /6s. 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): 4-3-01 Latitude: N31°41'41' Longitude: U90°36'58.4"

Latitude: N31°41'52.1" Longitude: U90°36'58.4" Latitude: N31041'47.9" Longitude: W 90036'55.8" Latitude: Longitude: Latitude: Longitude: FUEL TYPE AND INCINERATOR TEMPERATURE RANGE Fuel Type: Butane

If fuel oil is burned, what is the sulfur content of the oil? N/A %

Incinerator operating temperature range 1/06-1300 °F

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.

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.

Ray Marien	7-27-06
Signature of Responsible Official	Date
dem	
Title	