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Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division
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www.deq.state.ms.us

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NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

Dept or Environmental Quality
Office of Pollution Control

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150423

(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 ¼ 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

a Jonkins	
a Jenkins	
State: MS	Zip: <u>39094</u>
vailable indicate the n	earest named road or intersection.)
ccess farm from Cou	nty Line Rd.)
State: MS	Zip: 39094
ec N.	
sec W	
9752	
116-5149	
ACTIVITY	
nstruction activities d	isturbing one acre or more
	State: MS ec N. sec W 9752 ACTIVITY

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 141,200 Layers (SIC 0252): TOTAL AMOUNT: 141,200 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 follow to control runoff and provided by the control runoff and provided by the constructed with the construction of t	illage etland d	
Type of Storage	Total Number of Days	Total Capacity (tons)	
□ Roofed Storage Shed	95.2 % 180 day cake	260	
☐ Concrete Pad			
☐ Impervious Soil Pad			
Other: Specify Compost	N/A	N/A	
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishmal adjoining property lines? Yes Are all incinerators at least 150 feet from the nealight commercial buildings not owned by the approper Note: If answered no to any of these questions wavier must be completed by all affected proper Notary Public. A copy of the Dry Litter Buffer 2 http://www.deq.state.ms.us/MDEQ.nsf/page/epoor call (601) 961-5171.	nents not owned by the application of No, attach wavier arest residential or recreational plicant? Yes Sthen attach a completed Pourty owners and notarized by a cone Waiver can be found at	ant and at least 150 feet from I area, all dwellings, and all No, attach wavier Itry Buffer Zone Waiver. The State of Mississippi appointed	
CONTRACT INFOMATION			
Is this facility a contract operation? Yes No			
If yes, what is the name and address of the integrator?			
Name: Koch Address: Morton, MS			

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: 03/22/2007				
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: 10/22/2007				
What is the estimated amount of litter generated per year? 1461 Tons/yr tons/year				
Total acreage needed for land application: 198 acres				
Total acreage available for land application: 35.2 acres & 33 2 Ton 5				
Will a third party remove litter off site? ☐ Yes ☐ No //29.				
If yes, how much litter will be transferred to other persons per year? 162.8 tons/year				
If not land applying, describe alternative use(s) of the litter:				

ATTACHMENTS

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR
 ☑ Check this box if this section does not apply

have previously submitted approved stack tes	peration of poultry mortality incinerators is for incinerators that st. For a list of incinerators that have approved stack tests on MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument		
THE RESIDENCE OF THE PROPERTY	e one identified in this NOI are not permitted for incineration generated on site are permitted for incineration. All other on debris, are strictly forbidden.		
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 where installed on site in degrees, minutes, an	incinerator and indicate the latitude and longitude coordinates and seconds.		
Date(s): La	titude: Longitude:		
	titude: Longitude:		
	titude: Longitude:		
La	titude: Longitude:		
FUEL TYPE AND INCINERATOR TEMP	PERATURE 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.

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:
Description of the construction activity:
Nearest named receiving stream:
Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary that may be impacted by the construction activity?
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

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.

Signature of Responsible Official

DWNERS

Title