



Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

POST OFFICE BOX 2261 • JACKSON, MS 39225-2261

TEL: (601) 961-5171 • FAX: (601) 354-6612

www.deq.state.ms.us



7162

DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS

RECEIVED

GENERAL PERMIT MSG20 0465

JAN 27 2013

NOTICE OF INTENT

Dept of Environmental Quality

INSTRUCTIONS

All questions must be answered for this notice of intent to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question. Applicant must be the owner and/or operator of the property.

RE-COVERAGE FOR FACILITIES CURRENTLY COVERED UNDER THE DLPAFO GP MSG20:

To obtain re-coverage under this general permit (GP), existing facilities shall submit a complete Dry Litter Poultry Notice of Intent (DLPNOI) to the MDEQ within 30 days of the date of the Letter of Instruction for Re-Coverage. If a current Comprehensive Nutrient Management Plan (CNMP) is not on file at MDEQ then a current plan must be submitted with the DLPNOI. The CNMP must include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, land application field(s), composting area, litter storage structure, etc.).

If the previous coverage included regulated construction activities greater than 5 acres which need to be continued then a Large Construction Notice of Intent (LCNOI) must be completed and submitted to MDEQ with the DLPNOI. For construction activities disturbing 1 – 5 acres, the requirements for Small Construction Storm Water must be implemented.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Dry Litter Poultry Forms Package. Facilities that continue to operate without applicable permit coverage are in violation of state law. The DLPNOI is not required to be submitted if the facility is submitting a request for termination of coverage.

COVERAGE FOR NEW OR EXPANDING FACILITIES:

For new or expanding facilities, in addition to the DLPNOI, the following additional submittals may be required:

- A Storm Water Pollution Prevention Plan (SWPPP), and LCNOI for construction activities totaling five (5) acres or more
- Contiguous Land Owner Notification(s) as identified in Condition S-2, ACT 2 of the DLPAFO GP No. MSG20. The notification should include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, composting area, litter storage structure, etc.).
- Buffer Zone Waiver(s)
- Appropriate Section 404 Documentation (Wetlands)

All forms must be submitted to: Chief, Environmental Permits Division, Mississippi Department of Environmental Quality, PO Box 2261, Jackson, Mississippi 39225-2261.

*For construction activities disturbing 1 -5 acres, the Small Construction Notice of Intent (SCNOI) and SWPPP must be completed, but not submitted

The Construction Storm Water General Permits, NOI and other required forms can be found at the following links:

http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral?OpenDocument



**DRY LITTER POULTRY ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (DLPNOI)**



COVERAGE NUMBER: MSG20 ⁶⁵ 0456. For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Re-coverage.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Robert Oliphant

Facility Name: Robert & Miriam

Mailing Address: 2200 ca

Street or P.O. Box: 2200 Casey circle rd

City: Carthage State: MS Zip: 39051

Physical Site Address:

Street (can not be a P.O. Box) 2203 Casey circle rd.

City: Carthage State: MS Zip: 39051

County: Leake

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-259-1888

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: robert309a@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 6

Existing operation of an incinerator(s). Number of existing incinerator(s): _____

New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of houses or animal type (ie. broilers or layers)?

No Yes – Identify Changes: _____

For New Facilities:

Check type and indicate amount

Broiler (SIC 0251): _____ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No

Yes- Integrator Name: Peco

C. TYPE OF DRY LITTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the litter storage type or the capacity?

No Yes – Identify Changes: _____

For New Facilities:

List type of dry litter storage and capacity (tons): _____

D. NUTRIENT MANAGEMENT PLAN

If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:

Development Date: 2-23-09 Expiration Date: 2-23-014

The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

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

No, there is no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

Yes, there is mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators, or the fuel type burned?

No Yes – Identify Changes: _____

For New Facilities:

Manufacturer Name: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

IV. CERTIFICATION

Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

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

I understand that my nutrient management plan identified Section II. D. expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.

* Robert Oliphant

Signature of Responsible Official

* 1/22/2014

Date

* Robert Oliphant

Printed Name

Owner

Title

Manure Management Plan Data Tips

Client: Robert Oliphant Phone: 601-259-1888 County: Leake Date: 1/22/2014

Mailing Address: 2200 Casey circle rd., Carthage, MS Zip 39051

Facility location: Tract: _____, Farm: _____, S ___ T ___ R ___ GPS Coordinate: Lat: _____ Long: _____

1) Animal Type: Poultry, Swine, or Dairy

2) Integrator Name: _____

3) New ___ or Existing

4) Total number of houses in plan: 6

5) Total number birds: 106080

6) Average market weight 9 (lbs)

7) Average flock life 62 days

8) Average number of flocks per year: 4

9.) Cake removal between flocks: about 3 to 4 tons

10) Number of loads per house: _____

11) Type of cake machine used: Lewis Decaker

12) Length of spreader box: _____

13) How often will houses be totally cleaned out: _____ (Note: May no longer be after every flock.)

14) How many loads per house: _____

15) Size or weight of load: _____

16) How are dead birds disposed – incinerator # _____, compost, , other _____

17) Waste storage facility – yes, to be constructed, size: _____

18) Litter will be applied to – Tract No(s) _____ (see attached map(s) _____, if unknown (please remark)

You can use the CNMP Info for Poultry with Dry Litter Worksheet to assist with this document or instead of this document.

Remarks: _____

GENERAL

Operation Name Robert + Miriam

Address 2203 Casey circle rd.

Town Carthage State MS Zip Code 39051

Contact Name Robert Oliphant

Starting Year 2014 Starting Month Jan. Years In Plan _____

Enter data on the General tab as you desire it to appear on the Manure Management Plan. IMPORTANT: Set year and month correctly on this screen. The dates used here will determine the setup of the entire plan. (Remember that you may need to go back one year in order to allow for cool season forages.

RECEIVED
JAN 27 2014
Dept. of Environmental Quality

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
 Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I</p> <p>Facility Name: <u>Linda Hardage</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>1758 Hwy 25N</u></p> <p>City: <u>Carthage</u> State: <u>MS</u> Zip: <u>39051</u></p> <p>County: <u>Leake</u></p> <p>Telephone: <u>(601) 260-6186</u></p>	<p>Item II</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Robert Oliphant</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>2200 Casey Circle Rd.</u></p> <p>City: <u>Carthage</u> State: <u>MS</u> Zip: <u>39051</u></p> <p>Telephone: <u>(601) 259-1888</u></p>
<p>Item III</p> <p>Previous Permittee: <u>Linda Hardage</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>SAME AS ABOVE</u></p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (____) _____</p>	<p>Item IV</p> <p>New Permittee: <u>Robert Oliphant</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>SAME AS ABOVE</u></p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (____) _____</p>
<p>Item V</p> <p>Industrial Activity: _____ SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII</p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage:</p> <p>New Name: <u>Robert and Miriam Farms</u></p>	<p>Item VIII</p> <p>Signature for Name Change:</p> <p>Print Name: _____</p> <p>Authorized Signature: <u>Robert Oliphant</u></p> <p>Title: <u>Owner</u> Date: <u>1-22-2014</u></p>
<p>Item IX</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Linda Hardage</u></p> <p>To: <u>Robert Oliphant</u> Acquisition Date: <u>1/22/2014</u></p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <p><u>Robert Oliphant (Robert Oliphant)</u> - <u>Linda Hardage</u></p> <p>Print New Permittee Name _____ Print Previous Permittee Name _____</p> <p><u>Robert Oliphant</u> _____</p> <p>New Authorized Signature _____ Previous Authorized Signature _____</p> <p><u>Owner</u> _____ <u>1-22-2014</u> _____ <u>1-22-2014</u></p> <p>Title Date Title Date</p>	

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
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Jackson, Mississippi 39225
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<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
<p>Permit Type: <u>General</u></p> <p>Permit/Coverage No.: <u>MSG200465</u></p> <p>Permit Issuance Date: <u>Feb 10, 2010</u></p> <p>Date of General Permit Coverage: <u>Feb 10, 2010</u></p> <p>Permit Expiration Date: <u>January 31, 2014</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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