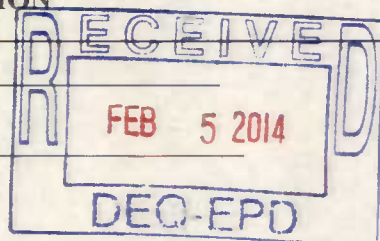


I. GENERAL INFORMATION:

NSG200594

7126
-MSG20 36952

CONTACT AND FACILITY INFORMATION



Name of Owner: Danny L. Thornton

Facility Name: BAHLE BLUFF FARMS

Mailing Address:

Street or P.O. Box: 4239 Ebenezer RD.

City: Carthage State: MS. Zip: 39051

Physical Address: (If the physical address is not available indicate the nearest named road or intersection.)

Street (can not be a P.O. Box) Harmony ROAD.

City: Carthage State: MS. Zip: 39051

County: LEAKE

Latitude (degrees/min/sec): —

Longitude (degrees/min/sec): —

Nearest named receiving stream: —

Facility Telephone No. (Include Area Code): 601-728-1075

Facility Fax No. (Include Area Code): 601-267-3844

Facility Cell Phone No. (Include Area Code): N/A

Other Contact Phone Numbers (Include Area Code): N/A

TYPES OF ACTIVITY

Check all that apply:

- ☒ Existing dry litter poultry operation that is not proposing an increase in the number of houses
- ☐ Construction and/or operation of an incinerator
- ☐ New or expanding operations that will require construction activities disturbing one acre or more

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- Philadelphia, ms

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

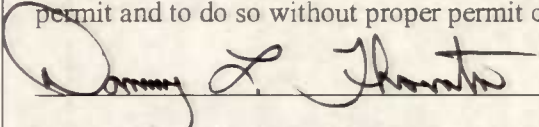
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.



Signature of Responsible Official

02/04/14

Date

Danny Thornton

Printed Name

OWNER

Title

RECEIVED
FEB - 5 2014
Dept. of Environmental Quality



**MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY (MDEQ)
DRY LITTER POULTRY ANIMAL FEEDING OPERATION
MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO.
MSG20 36952**

DRY LITTER POULTRY FORMS PACKAGE

- DRY LITTER POULTRY NOTICE OF INTENT (DLPNOI)..... Appendix A
- CONTIGUOUS LANDOWNER NOTIFICATION LETTER..... Appendix B
- DRY LITTER POULTRY BUFFER ZONE WAIVER..... Appendix C
- DRY LITTER POULTRY LAND APPLICATION LOG..... Appendix D
- LITTER TRANSFER FORM..... Appendix E
- MORTALITY RECORDKEEPING LOG SHEET..... Appendix F
- INCINERATION RECORDKEEPING LOG SHEET..... Appendix G
- REQUEST FOR TRANSFER AND/OR NAME CHANGE..... Appendix H

These standard forms are used to apply for permit coverage under the Dry Litter Poultry Multimedia General Pollution Control Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at www.deq.state.ms.us. Required information can be completed on screen, printed and signed.

Note: Concerning Nutrient Management Plan. I visited my local NRCS office (Leake County) on 1/21/14. A new nutrient management plan is in process.