71615 Renewal
Smith

THE GREAT SEAL OF THE STATE OF MISSISSIPPI

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

RECEIVED
JUN 23 2020
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 1941. 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: Rhonda Runnels

Facility Name: Lela Farm

Mailing Address:

Street or P.O. Box: 369 SCR 38

City: Mt. Olive State: MS Zip: 39119

Physical Site Address:

Street (can not be a P.O. Box) 401 SCR 42

City: Mt. Olive State: MS Zip: 39119

County: Smith

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

(For new facilities) Nearest named receiving stream: ______

Facility Telephone No. (Include Area Code): 601-797-3020

Facility Fax No. (Include Area Code): —

Contact Cell Phone No. (Include Area Code): 601-382-4405

Other Contact Phone Numbers (Include Area Code): 601-382-4406

Contact Email : rrunnels66@gmail.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: Koch Foods

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: 4 - 2020 Expiration Date: 3 - 2025

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.

Rhonda Runnels ______ 6-17-2020 ______

Signature of Responsible Official *Date*

Rhonda Runnels ______ Owner ______

Printed Name *Title*