

AI# 17252

RECEIVED
JUN 30 2020



CONCENTRATED ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 0 0 4 9. 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

Facility Name: Edwards, Mississippi Commercial Egg Production Operations

Owner Name: Cal-Maine Foods, Inc.

Mailing Address - Street or P.O. Box: PO Box 168

City: Edwards State: MS Zip: 39066

Physical Site Address - Street (can not be a P.O. Box): 2695 Adams Lane

City: Edwards State: MS Zip: 39066

County: Hinds Latitude: 32deg 18' 17.73" N Longitude: 90deg 33' 40.36" W

Facility Telephone: (601) 852-4970 Fax: (601) 852-8225

Contact Cell No.: (601) 826-0557 Other: ()

Contact Email: wwebb@cmfoods.com

If Contract operation: Name of Integrator: n/a

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input type="checkbox"/> Swine (55 lbs. or over)	_____	_____	<input type="checkbox"/> Dairy Cows	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	_____	<input type="checkbox"/> Heifers	_____	_____
<input type="checkbox"/> Chickens (broilers)	_____	_____	<input type="checkbox"/> Veal Calves	_____	_____
<input checked="" type="checkbox"/> Chickens (layers)	<u>0</u>	<u>1,611,190</u>	<input checked="" type="checkbox"/> Other: Specify	<u>0</u>	<u>200,000 (Breeders)</u>
<input type="checkbox"/> Cattle (not dairy or veal calves)	_____	_____		<u>0</u>	<u>799,000 (Pullets)</u>

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 19,478 tons or 101,203,697 gallons
- How many acres of land, under the control of the applicant, are available for land application? 1,133 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? approximately 19,478 tons approximately 17,000,000 gallons

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	120 days each - 111,884,199 gals	<input checked="" type="checkbox"/> Storage Lagoon	n/a days - 109,997,522 gals
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input checked="" type="checkbox"/> Other: Specify	Underfloor Pits
			1460 days storage each,
			4,216 tons of dry manure

D. NUTRIENT MANAGEMENT PLAN (NMP)

- Number of existing houses/barns: 48
Number of proposed houses/barns: 0
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).
CNMP Development Date: Approved 02-04-2019 CNMP Expiration Date: 02-04-2024
- A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. Yes No

Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.

III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR

- No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.
- Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

MANUFACTURER'S INFORMATION

Manufacturer Name: _____
Model Number: _____
Capacity (tons/hour): _____

TYPE OF INCINERATOR

- Single Chamber
 Multiple Chamber
 Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: n/a

1. Manufacture Date: _____	Latitude: _____	Longitude: _____
2. Manufacture Date: _____	Latitude: _____	Longitude: _____
3. Manufacture Date: _____	Latitude: _____	Longitude: _____

IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

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

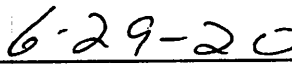
I understand that my nutrient management plan identified Section II. D. expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

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.



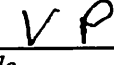
Signature of Responsible Official



Date



Name of Responsible Official (Printed or Typed)



Title



Cal-Maine Foods, Inc.

June 29, 2020

Via USPS

Tracy Tomkins
Chief, Agricultural Branch
Mississippi Department of Environmental
Environmental Permits Division
PO Box 2261
Jackson, MS 39225

Re: Re-coverage under Reissued Permit for MDEQ Multimedia General Permit MSG220049
for Concentrated Animal Feeding Operations
Cal-Maine Foods, Inc. (Edwards Farm), Hinds County

Dear Ms. Tomkins:

Pursuant to Act 2, T-1 (2), the applicant shall indicate their intent to seek re-coverage under the reissued general permit. Cal-Maine Foods, Inc. operating under MSG220049 intends to seek re-coverage under the MDEQ Multimedia General Permit for Concentrated Animal Feeding Operations upon reissuance. The facility requests notification of the reissued permit by MDEQ. Should MDEQ require any additional information for this notification of intent, please give me a call.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'Wil Webb', is written over the typed name.

Wil Webb
Cal-Maine Foods, Inc.

cc: Enviro-Ag Engineering, Inc.

CAL- MAINE FOODS, INC.

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