

2048
Webster Co

JUN 26 2020



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



COVERAGE NUMBER: MSG22 0045. 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: Johnson Swine Farm

Owner Name: Van Johnson

Mailing Address - Street or P.O. Box: 867 Ticky Bend Rd.

City: Eupora State: MS Zip: 39744

Physical Site Address - Street (can not be a P.O. Box): 1566 Holland Road

City: Eupora State: MS Zip: 39744

County: Webster Latitude: 89°10'29.08W Longitude: 33°35'44.93N

Facility Telephone: (—) N/A Fax: (—) N/A

Contact Cell No.: (662) 617-4461 Other: (662) 552-7452

Contact Email: N/A

If Contract operation: Name of Integrator: _____

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 checked="" type="checkbox"/> Swine (55 lbs. or over) | _____ | <u>3520</u> | <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 type="checkbox"/> Chickens (layers) | _____ | _____ | <input type="checkbox"/> Other: Specify _____ | _____ | _____ |
| <input type="checkbox"/> Cattle (not dairy or veal calves) | _____ | _____ | | | |

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

1. How much manure, litter, and wastewater is generated annually by the facility? _____ tons or 3434000 gallons

2. How many acres of land, under the control of the applicant, are available for land application? 56.4 acres

3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? _____ tons _____ gallons

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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 type="checkbox"/> Anaerobic Lagoon | _____ | <input checked="" type="checkbox"/> Storage Lagoon | 6,754,909 |
| <input type="checkbox"/> Roofed Storage Shed | _____ | <input type="checkbox"/> Concrete Pad | _____ |
| <input type="checkbox"/> Impervious Soil Pad | _____ | <input type="checkbox"/> Other: Specify _____ | _____ |

D. NUTRIENT MANAGEMENT PLAN (NMP)

- Number of existing houses/barns: 4
Number of proposed houses/barns: _____
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).
CNMP Development Date: Apr 2019 CNMP Expiration Date: MAR 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: _____

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

IV. CERTIFICATION

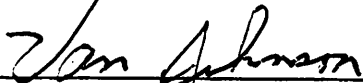
Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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

VAN JOHNSON

Name of Responsible Official (Printed or Typed)

6-23-20

Date

OWNER

~~OWNER~~

Title