1013
Noxubee

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

RECEIVED JUN 29 2020

COVERAGE NUMBER: MSG22 0 0 2 4. 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: SHIRK SWINE FACILITY

Owner Name: PAUL SHIRK

Mailing Address - Street or P.O. Box: 4785 MAGNOLIA DR

City: MACON State: MS Zip: 39341

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

City: State: Zip:

County: Latitude: Longitude :

Facility Telephone: (662) 361 7621 Fax: ( )

Contact Cell No.: (662) 361 7621 Other: ( )

Contact Email: PVSHIRK@GMAIL.COM

If Contract operation: Name of Integrator: Paul Shirk

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
☑ Swine (55 lbs. or over)	0	0	☐ Dairy Cows		
☐ Swine (under 55 lbs.)			☐ Heifers		
☐ Chickens (broilers)			☐ Veal Calves		
☐ Chickens (layers)			☐ Other: Specify		
☐ 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? 0 tons or 0 gallons
2. How many acres of land, under the control of the applicant, are available for land application? 57 acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 tons 0 gallons

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)
☑ Anaerobic Lagoon	UNCHANGED	☐ Storage Lagoon	
☐ Roofed Storage Shed		☐ Concrete Pad	
☐ Impervious Soil Pad		☐ Other: Specify	

D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 0
   Number of proposed houses/barns: 0

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

   CNMP Development Date: _____ CNMP Expiration Date: _____

3. 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.

Paul Shirk
Signature of Responsible Official

6-23-2020
Date

PAUL SHIRK
Name of Responsible Official (Printed or Typed)

6-23-2020
Title