



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

JUL 20 2020



COVERAGE NUMBER: MSG22 0017. 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: Johnny Henson Swine Facility
 Owner Name: Johnny Henson
 Mailing Address - Street or P.O. Box: 3701 Henson Rd.
 City: Weir State: MS Zip: 39772
 Physical Site Address - Street (can not be a P.O. Box): 3515 Henson Rd.
 City: Weir State: MS Zip: 39772
 County: Choctaw Latitude: 33° 16' 58.99" N Longitude: 89° 14' 3.23" W
 Facility Telephone: () _____ Fax: () _____
 Contact Cell No.: (662) 312-3577 Johnny Henson Other: (662) 312-9636 Kyle Henson
 Contact Email: johnnyhenson22@gmail.com
 If Contract operation: Name of Integrator: Prastage Farms Inc.

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>7040</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

- How much manure, litter, and wastewater is generated annually by the facility? 10.997 tons or 8,904,754 gallons
- How many acres of land, under the control of the applicant, are available for land application? 117.3 acres
- 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

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.

Johnny W. Henson
Signature of Responsible Official

6-30-2020
Date

Johnny W. Henson
Name of Responsible Official (Printed or Typed)

OWNER
Title