

AI#3191

For Renewal

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

MDEQ



COVERAGE NUMBER: MSG20 1699. 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: Huy Trish

Facility Name: Tony's Farms

Mailing Address:

Street or P.O. Box: 7534 Hwy 35 N

City: Forest State: MS Zip: 39074

Physical Site Address:

Street (can not be a P.O. Box) 7572 Hwy 35 N

City: Forest State: MS Zip: 39074

County: Scott

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 832-331-9539

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 832-331-9539

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: HDTRIINH31@gmail.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 4

Existing operation of an incinerator(s). Number of existing incinerator(s): 1

New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

**NOTICE OF PUBLIC HEARING
OPERATION GENERAL PERMIT
DAY LETTER POLYESTER ANIMAL FEEDING**



COVERAGE NUMBER: M-120
 This specific project on this form will be reviewed, accepted and reviewed. The coverage number on this form is for the project only. The permit for this project will be issued by the Department of Environmental Protection. The permit for this project will be issued by the Department of Environmental Protection.

A. CONTAMINANT RELEASE INFORMATION

Name of Owner: _____
 Facility Name: _____
 Mailing Address: _____
 Street: _____
 City: _____
 State: _____
 Zip: _____

Phone: _____
 Fax: _____

For new facilities (include A on CO form):
 For new facilities (include A on CO form):
 For new facilities (include A on CO form):

Facility Telephone No. (include A on CO form): _____
 Facility Fax No. (include A on CO form): _____
 State Pollution Control No. (include A on CO form): _____
 State Pollution Control No. (include A on CO form): _____

B. APPLICANT TYPE (Check all that apply)

Existing operation (not proposing expansion or change in existing process)

Expanding operation (change in existing process)

New or expanding operation (change in existing process)

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: Tyson

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): One compact shed, 40 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: 3-20-2014 Expiration Date: Jan 2017 / Extended

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.

Signature of Responsible Official

11 - 20 - 2020

Date

H vy Triah

Printed Name

Owner

Title

SECTION 1702 - INFORMATION FOR A PERSONALITY DISORDER EVALUATION

- If there is no pending criminal case, please indicate the location of the facility. If a criminal case is pending, please indicate the location of the facility and the name of the court.
- If there is a pending criminal case, please indicate the location of the facility and the name of the court.

PERSONALITY DISORDER EVALUATION FORM

1. Facility Name: _____

2. Address: _____

3. City/State/Zip: _____

4. Phone Number: _____

5. Date of Birth: _____

6. Sex: Male Female

7. Race: _____

8. Ethnicity: _____

9. Education Level: _____

10. Employment Status: _____

11. Current Diagnosis: _____

12. Date of Admission: _____

13. Referral Source: _____

14. Referral Date: _____

15. Referral Reason: _____

16. I understand that my current management plan is based on the information provided in this form and that an updated management plan must be submitted to the facility upon any change in information.

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20. I understand that my current management plan is based on the information provided in this form and that an updated management plan must be submitted to the facility upon any change in information.

21. Signature of Responsible Official: _____

22. Printed Name: _____

23. Date: _____