

AI #1118



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

RECEIVED
DEC 3 2020
MDEQ

COVERAGE NUMBER: MSG20 0760. 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: Nicole Gilpin

Facility Name: Nicole Gilpin Farm

Mailing Address:

Street or P.O. Box: 776 SCR 82

City: Taylorsville State: MS Zip: 39168

Physical Site Address:

Street (can not be a P.O. Box) 627 SCR 82

City: Taylorsville State: MS Zip: 39168

County: Smith

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-452-0426

Other Contact Phone Numbers (Include Area Code): 601-452-0423

Contact Email: Gilpin farms @ gmail . com

B. ACTIVITY TYPE (Check all that apply)

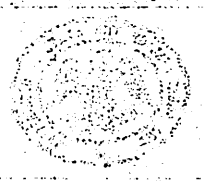
Existing operation NOT proposing expansion. Number of existing houses: 4

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

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

SB

OFFICE OF THE SECRETARY OF DEFENSE
DEFENSE INFORMATION REPORT



1. TITLE OF REPORT
2. AUTHOR(S)
3. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
4. AUTHORING OR PERFORMING ORGANIZATION REPORT NUMBER

5. DISTRIBUTION STATEMENT (See Instructions for Authors)

6. PRICE (including handling charges, where applicable)

7. AUTHOR(S) (Last name, first name, middle initial, and degree)
8. PERFORMING ORGANIZATION REPORT NUMBER

9. TITLE (Full title, including subtitle, if any)
10. AUTHOR(S) (Last name, first name, middle initial, and degree)

11. PERFORMING ORGANIZATION REPORT NUMBER
12. TITLE (Full title, including subtitle, if any)

13. AUTHOR(S) (Last name, first name, middle initial, and degree)
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27. TITLE (Full title, including subtitle, if any)
28. AUTHOR(S) (Last name, first name, middle initial, and degree)

29. PERFORMING ORGANIZATION REPORT NUMBER
30. TITLE (Full title, including subtitle, if any)

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: Peco Farms

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): 40x40 dry stack shed

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: Dec. 2018 Expiration Date: Nov 2023

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.

1. GENERAL INFORMATION

For the purpose of this study, the following information is required. The information should be provided in the following order:

The name of the organization and its address.
 The name of the project and its address.

The name of the reviewer and his/her address.

2. REVIEWER INFORMATION

The reviewer's name, address, and telephone number should be provided.

3. REVIEWER'S ORGANIZATION

The reviewer's organization should be described in detail, including its name, address, and telephone number. The reviewer's position and the nature of his/her work should also be provided.

4. REVIEWER'S EXPERIENCE

The reviewer's experience in the field of literature review should be described in detail, including the number of years of experience and the nature of his/her work.

The reviewer's education and training should also be provided.

The reviewer's publications and other work should be provided.

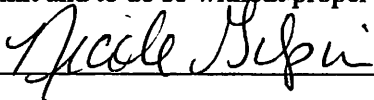
III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
For Existing Facilities: Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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.	
<ul style="list-style-type: none">• 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.	
	<u>11-17-2020</u>
Signature of Responsible Official	Date
<u>Nicole Gilpin</u>	<u>Owner</u>
Printed Name	Title

