

AI #19299



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

RECEIVED  
DEC 4 2020  


MDEQ

COVERAGE NUMBER: MSG20 1684. 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: Robert B Gross

Facility Name: Lacey Farm / DOC Farm

Mailing Address:

Street or P.O. Box: 395 EVON STONE Rd

City: Philadelphia State: MS Zip: 39350

Physical Site Address:

Street (can not be a P.O. Box) 395 EVON STONE Rd

City: Philadelphia State: MS Zip: 39350

County: Winston

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

(For new facilities) Nearest named receiving stream: \_\_\_\_\_

Facility Telephone No. (Include Area Code): 601-507-3217

Facility Fax No. (Include Area Code): \_\_\_\_\_

Contact Cell Phone No. (Include Area Code): 601-507-3217

Other Contact Phone Numbers (Include Area Code): \_\_\_\_\_

Contact Email: docgross@bellsouth.net

**B. ACTIVITY TYPE** (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 8

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

New or expanding operation. Number of proposed houses: \_\_\_\_\_ Number of proposed incinerators: \_\_\_\_\_

	<b>DRY LITTER POULTRY ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (DPINO)</b>  <b>MDEC</b>
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COVERAGE NUMBER: M5G50 T-84. For re-coverage, the coverage number must be completed for your specific location or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Coverage 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:

Facility Name:

Mailing Address:

Street or P.O. Box:

City: Baldwin Zip: 38320

City: MZ Zip: 38320

Physical Site Address:

Street (can not be a P.O. Box):

City: Baldwin Zip: 38320

City: MZ Zip: 38320

City: Baldwin

County:

(For new facilities) Length (degree/min/sec): Footings:

(For new facilities) Number receiving stoves:

Facility Telephone No. (including Area Code): 501-253-3515

Facility Fax No. (including Area Code):

Customer Cell Phone No. (including Area Code): 501-253-3515

Other Customer Phone Numbers (including Area Code):

Customer Email: gordon@pmbns.com

##### B. ACTIVITY TYPE (Check all that apply)

- Existing operation NOT involving expansion. Number of existing forces: 8
- Existing operation of an incinerator(s). Number of existing incinerator(s):
- New or expanding operation. Number of proposed forces: \_\_\_\_\_ Number of proposed incinerators: \_\_\_\_\_

## 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): 28,000     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): \_\_\_\_\_

### 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: Jun 2017    Expiration Date: May 2022

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.

## II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

### A. TYPE AND AMOUNT OF CHICKENS

For Existing Facilities:

Has the facility changed the number of pieces of poultry (i.e., pieces or flocks)?

No  Yes - Increase/Decrease:

For New Facilities:

Check boxes and indicate amount:

Boiler (SIC 0521): 2000  Boiler/Breeder (0525):

### B. CONTRACT INFORMATION

Taylor

Is this facility a contract operation?  No

Yes - Poultry Name:

### C. TYPE OF DRY LITTER STORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the litter storage (size of the facility)?

No  Yes - Increase/Decrease:

For New Facilities:

List (size of) the storage units (cubic feet):

Litter (size of the storage unit cubic feet):

### D. NUTRIENT MANAGEMENT PLAN

If you do not have a current Comprehensive Nutrient Management Plan that one must be submitted if you CMB is current (see combine the date below):

Development Date: July 2013 Exhibition Date: July 2013

The comprehensive nutrient management plan (CMB) developed should describe the best known date it was developed and an adequate nutrient management plan must be submitted to MDFO prior to its exhibition 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.

Robert B. Gross

Signature of Responsible Official

11-10-20

Date

Robert B. Gross  
Printed Name

Owner  
Title

## III. CONSTRUCTION AND OPERATION OF A POULTRY MORTALITY INCINERATOR

No, there is no poultry mortality incineration equipment located at the facility. It is a future date you wish to construct such as to observe poultry mortality incineration equipment. You must supply us adequate DPNOL by completing Sections I-A, III and IV. Construction and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

Yes, there is poultry mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT	
<input type="checkbox"/> For Existing Facilities:	Has the facility changed the number of days of incineration, or the type of the premises?
<input type="checkbox"/> No <input type="checkbox"/> Yes - Incinerator Changes:	
<input type="checkbox"/> For New Facilities:	Manufacturer Name:
Model Number:	Serial Number:
Category (Type):	Fuel Type:

## IV. CERTIFICATION

Note: This NOI shall be signed according to Conditions T-13 and T-18 found in ACT 6 of the DIA Poultry Animal Feeding Operations Management Generic Pollution Control Permit No. MSQ20.

- 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 current wastewater plan identified Section II-D, expires five years from the date it was developed and that an updated wastewater plan must be submitted to MDEQ prior to its expiration date.

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision in accordance with my industry of the best design to assess the person who handles the system information submitted. Based on my industry of the best design to assess the person who handles the system information submitted, 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.

I further certify that the boiler controls as described in the original notice of intent. Also, I certify that I understand major coverage is limited to those activities of operations identified under this permit permit and to do so without boiler burn permit coverage is in violation of state law.

11-10-09

Date

Signature of Responsible Official

Title

Printed Name