

AI # 75927 for Renewal



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



COVERAGE NUMBER: MSG20 2001. 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

RECEIVED
DEC 11 2020

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Kevin Shirk

Facility Name: Kevin Shirk farms

Mailing Address:
Street or P.O. Box: 2690 SCR 35

City: Mize State: MS Zip: 39116

Physical Site Address:
Street (can not be a P.O. Box) 2690 SCR 35

City: Mize State: MS Zip: 39116

County: Smith

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 662 361 1350

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 662-361-1350

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : kevshirk@gmail.com

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: _____

8/28

10/10/1971

Dear Sir,
I have the pleasure to inform you that your application for a grant of a patent in respect of the invention described in the above-mentioned specification has been granted.

The grant is subject to the usual conditions of the Patents Act, 1949, and you are advised to consult your patent agent for further details.

Yours faithfully,
The Patent Office

Enclosed for you are two copies of the Letters Patent and one copy of the specification.

Very truly yours,
The Patent Office

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): _____

D. NUTRIENT MANAGEMENT PLAN

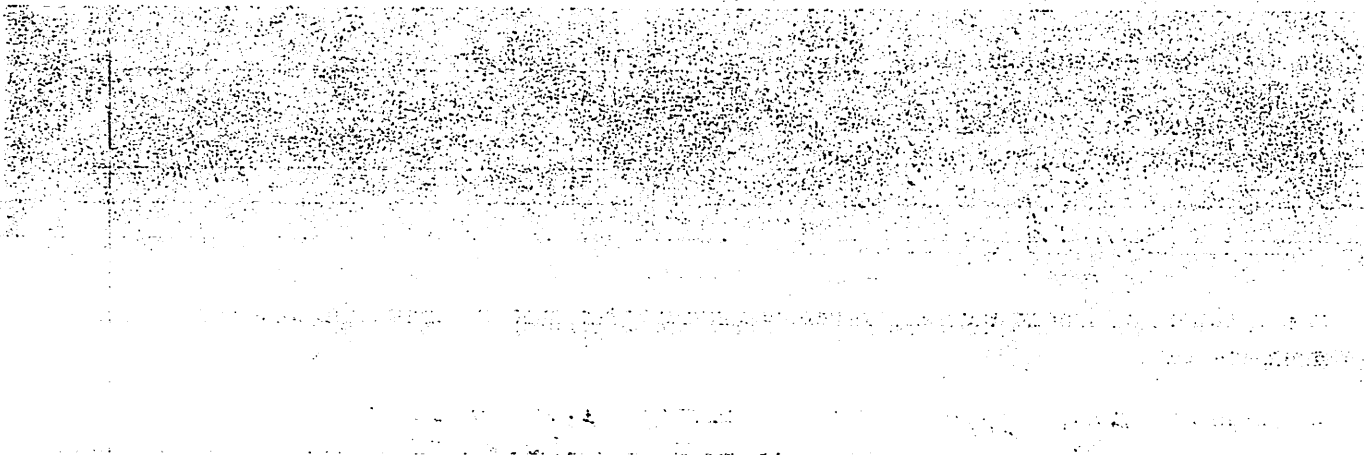
If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:

Development Date: Aug 2019 Expiration Date: Aug 2024

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.

Faint, illegible text at the top of the page, possibly a header or introductory paragraph.

A single line of faint, illegible text located below the first block.



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

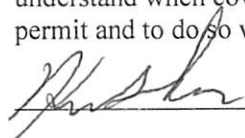
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.

	12-8-20
_____ Signature of Responsible Official	_____ Date
Kevin Shirk	Owner
_____ Printed Name	_____ Title