

AI #76508

FOR RENEWAL



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



COVERAGE NUMBER: MSG202003. 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: Zach Rowell

Facility Name: Rowell Farms

Mailing Address:

Street or P.O. Box: 611 Lower Overt Rd

City: Overt State: MS Zip: 39464

Physical Site Address:

Street (can not be a P.O. Box) 233 Lower Overt Rd

City: Overt State: MS Zip: 39464

County: SONES

(For new facilities) Latitude (degrees/min/sec): 31 28 42.34N Longitude: 89 1 15.09W

(For new facilities) Nearest named receiving stream: UN-Named Branch 2 Bogue Horn Creek

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

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

Contact Cell Phone No. (Include Area Code): 601-344-8319

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

Contact Email : \_\_\_\_\_

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: \_\_\_\_\_

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

New or expanding operation. Number of proposed houses: 2 Number of proposed incinerators: 0

863

## 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): 30800

### B. CONTRACT INFORMATION

Is this facility a contract operation?     No     Yes- Integrator Name: Mar Jac

### 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: Dec 2019    Expiration Date: Nov 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.

### 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:

<b><u>MORTALITY INCINERATION EQUIPMENT</u></b>	
<b>For Existing Facilities:</b> Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Identify Changes: _____	
<b>For New Facilities:</b> 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.

  
\_\_\_\_\_

12/13/2020  
\_\_\_\_\_

Signature of Responsible Official

Date

Zach Powell (Powell Farms)  
Printed Name

Owner/Operator  
Title

# Contiguous Landowner Notification of a Dry Litter Poultry Animal Feeding Operation Facility

(See ACT 2, Condition S-2)

CERTIFIED MAIL NO.: \_\_\_\_\_

Date mailed: \_\_\_\_\_

\_\_\_\_\_  
*Company Name as Identified by MDEQ (please print)*

\_\_\_\_\_  
*Coverage No. (if currently permitted)*

located at \_\_\_\_\_  
*Physical Street Address, City*

MS \_\_\_\_\_  
*State County*

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is proposing to construct and operate a Dry Litter Poultry Animal Feeding Operation (to construct and operate poultry/chicken house(s)). This poultry facility has \_\_\_\_\_ existing house(s); the applicant proposes to build \_\_\_\_\_ new house(s). If permitted, the operation of the poultry house(s) will involve the management of dry animal waste and may involve the operation of an incinerator. The operation shall **NOT** have a discharge of process wastewater or contaminated stormwater. The Natural Resource Conservation Service (NRCS) will develop a Comprehensive Nutrient Management Plan (CNMP) to address the management of the animal waste. The CNMP will become an enforceable part of the permit along with other conditions which will allow the facility to operate within all state and federal environmental laws and regulations.

This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding **environmental** concerns about the project. **Please be aware that MDEQ only has legal authority to consider environmental issues specified in the applicable laws and regulations. MDEQ does not have jurisdiction to consider any comments regarding zoning, economic, or social impacts (e.g., effect of facility on property values). Comments should be addressed to the local zoning and planning authorities.**

If you do not have **environmental** comments regarding the proposed project, then you need do nothing more. If you have **environmental** comments regarding the proposed project, please notify MDEQ in writing within 17 days after the postmark date of this notification. Please reference the proposed project using the information above and provide your contact phone number and address. If you would like to discuss concerns you may have regarding this project please feel free to contact our office at (601) 961- 5171. Comments are to be mailed to the following address:

Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality  
P. O. Box 2261  
Jackson, Mississippi 39225-2261