

## CONCENTRATED ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 0 0 3 6. 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		
Facility Name: Pristogi Form & Ms INC PM-7 and PM-P		
Owner Name: Prestogs Forms Ms INC		
Mailing Address - Street or P.O. Box: 1425		
City: West Poist State: Ms Zip: 31773		
Physical Site Address - Street (can not be a P.O. Box): 400 Prestoye Prive		
City: Llu-57-2 State: My Zip: 38851		
County: Chickosa- Latitude: 33. 98906701 Longitude: - 89. 01471398		
Facility Telephone: ( <u>LQ</u> ) 484 - 083 E-7 241 Fax: ()		
Contact Cell No.: (662) 255 - 5885 Other: ()		
Contact Email:		
If Contract operation: Name of Integrator:		
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS		
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)		
No. In Open No. Housed No. In Open No. Housed		
Type Confinement Under Roof Type Confinement Under Roof  Swine (55 lbs. or over) Dairy Cows Under Roof		
Swine (under 55 lbs.) S7#11 Heifers		
Chickens (broilers) Veal Calves Other: Specify		
Cattle (not dairy or veal calves)		
B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE		
How much manure, litter, and wastewater is generated annually by the facility? gallons		
1		
2. How many acres of land, under the control of the applicant, are available for land application? 491.4 acres		

Appendix A - CAFO Multimedia General Permit Notice of Intent (ACT2, S-1)

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND WASTEWATER (Check all that apply and indicate t	CAPACITY FOR MANURE, LITTER AND PROCESS otal days of storage and their capacity)	
Type Anaerobic Lagoon Roofed Storage Shed Impervious Soil Pad		
D. NUTRIENT MANAGEMENT PLAN (NMP)  1. Number of existing houses/barns:		
Number of proposed houses/barns: C  2. Facility must have and provide a current Comp	rehensive Nutrient Management Plan (CNMP).	
	CNMP Expiration Date: DCL ZOZ3	
submitted with the current NMP.	wing the production area and the land application fields, was  Yes No	
Note: The CNMP identified above expires five years management plan must be submitted to MDEQ prio current NMP is either on file at the MDEQ office or	from the date it was developed and an updated nutrient or to its expiration date. This NOI is not complete unless a a current NMP is submitted with this NOI.	
III. CONSTRUCTION AND/OR OPERATION	OF AN ANIMAL MORTALITY INCINERATOR	
No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.		
Yes, there will be mortality incineration equipmen		
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR  Single Chamber  Single Chamber  TYPE OF INCINERATOR  AHLL:	
Manufacturer Name:	Single Chamber A He L:	
Model Number:	☐ Multiple Chamber	
Capacity (tons/hour):	Other, describe	
TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION		
Total number of incinerators on site:	<u> </u>	
Manufacture Date: Latitude	Longitude: Longitude: Longitude: Longitude:	

## IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- · 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

Name of Responsible Official (Printed or Typed)

6-8-50

LAND NIGT

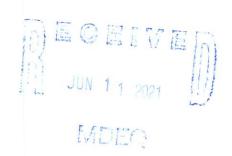
Title

## Prestage Farms MS, Inc.

360 West Churchill Road, P.O. Box 1425, West Point, MS 39773 Phone: 662-494-0813

June 8, 2021

MS Dept. of Environmental Quality Tracey Thomkins P. O. Box 2261 Jackson, MS 39225-2261



Mrs. Thomkins,

Enclosed in this package is a current CNMP for PM7 and PM8 Complex Swine Facility located at 400 Swine Drive, Houston, MS 38851. This is an existing operation that has six existing hog barns with no additional houses planned for construction at this time. For re-issuance, the PM7 and PM8 Facility Multimedia Permit number is MSG220036.

If you need any further information regarding The Crawford Swine Complex please call me at 662-494-0813 ext. 241.

Sincerely,

Ray Morton

**Environmental Supervisor** 

Prestage Farms MS

662-494-0813 Ext 241



