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



COVERAGE NUMBER: MSG220036. 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: Prestage Farms MS Inc PM-7 and PM-8
 Owner Name: Prestage Farms MS Inc
 Mailing Address - Street or P.O. Box: Box 1425
 City: West Point State: MS Zip: 39773
 Physical Site Address - Street (can not be a P.O. Box): 400 Prestage Drive
 City: Houston State: MS Zip: 38851
 County: Chickasaw Latitude: 33.98906801 Longitude: -89.01471308
 Facility Telephone: (662) 494-0873 Ext 241 Fax: () _____
 Contact Cell No.: (662) 295-5885 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)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input checked="" type="checkbox"/> Swine (55 lbs. or over)		<u>4200</u>	<input type="checkbox"/> Dairy Cows		
<input checked="" type="checkbox"/> Swine (under 55 lbs.)		<u>5244</u>	<input type="checkbox"/> Heifers		
<input type="checkbox"/> Chickens (broilers)			<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Chickens (layers)			<input type="checkbox"/> Other: Specify		
<input type="checkbox"/> 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? 51208 tons or _____ gallons
- How many acres of land, under the control of the applicant, are available for land application? 491.4 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 tons _____ gallons

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II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>29653018</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 6
 Number of proposed houses/barns: -0-

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

CNMP Development Date: Jan 2019 CNMP Expiration Date: Dec 2023

3. A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. ☒ Yes ☐ No

Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or 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 equipment located at the facility. Complete Section III.

MANUFACTURER'S INFORMATION

Manufacturer Name: _____
 Model Number: _____
 Capacity (tons/hour): _____

TYPE OF INCINERATOR

- ☐ Single Chamber
☐ Multiple Chamber
☐ Other, describe _____

*grinder
&
compost*

*Please see
Attach:*

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: -0-

- | | | |
|----------------------------|-----------------|------------------|
| 1. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 2. Manufacture Date: _____ | Latitude: _____ | Longitude: _____ |
| 3. Manufacture Date: _____ | Latitude: _____ | 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

Ray Morton

Name of Responsible Official (Printed or Typed)

6-8-2021

Date

Land Mgr

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

PERMIT NO. 015

January 20, 2017

This is to certify that

PRESTAGE FARMS MS, LLC
HOUSTON COMPLEX (PM-8, 9 & 10)
111 SWINE DRIVE
HOUSTON, MISSISSIPPI 38851

is granted permission to use a Swine Composter
for the disposal of dead swine.

This permit is valid as long as the composter is operated in a manner
consistent with the rules and regulations of the
Mississippi Board of Animal Health



A handwritten signature in cursive script that reads "James A. Watson DVM".

James A. Watson, DVM
State Veterinarian

PERMIT NO. 016

January 20, 2017

This is to certify that

PRESTAGE FARMS MS, LLC
HOUSTON COMPLEX (PM-7 & 12)
400 PRESTAGE DRIVE
HOUSTON, MISSISSIPPI 38851

is granted permission to use a Swine Composter
for the disposal of dead swine.

This permit is valid as long as the composter is operated in a manner
consistent with the rules and regulations of the
Mississippi Board of Animal Health



James A. Watson DVM

James A. Watson, DVM
State Veterinarian