AI: 1742

For Renewal

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

COVERAGE NUMBER: MSG20 0143. 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

MDEQ RECEIVED JUL 9 2021

Name of Owner: Malcolm Edwards

Facility Name: Edwards Poultry

Mailing Address:

Street or P.O. Box: 34 Good Hope Church Rd.

City: Richton State: MS- Zip: 39476

Physical Site Address:

Street (can not be a P.O. Box) #8 Good Hope Church Rd.

City: Richton State: MS. Zip: 39476

County: Perry

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-408-2996

Facility Fax No. (Include Area Code): N/A

Contact Cell Phone No. (Include Area Code): 601-408-2996

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : malcolmedwardsboys@gmail.com

RECEIVED JUL 12 2021 MDEQ

B. ACTIVITY TYPE (Check all that apply)

- [x] Existing operation NOT proposing expansion. Number of existing houses: 4
- [ ] Existing operation of an incinerator(s). Number of existing incinerator(s): _____
- [ ] New or expanding operation. Number of proposed houses: ____ Number of proposed incinerators: ____

RL

AI: 17402

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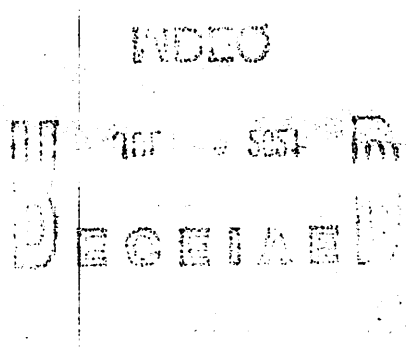
VIDEO
DEGIAB

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: MarJac

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: ? Expiration Date: ?

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:

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.

Malcolm Edwards — 6-30-21

Signature of Responsible Official — *Date*

Malcolm Edwards — Owner

Printed Name — *Title*

Gmail

From: "Buster McMillan" <BMcMillan@mdeq.ms.gov>
Date: Tuesday, June 29, 2021 2:22 PM
To: <malcolmedwardsboys@gmail.com>
Attach: 2014 Poultry NOI.pdf
Subject: Poultry Renewal Application

Hey Mr. Malcolm,

I've attached the application I spoke to you about. If you will print this out, fill it out and mail back, I think you will be all set. Somewhere up in the top margin on the first page, write the words "For Renewal". Just below that, you will see a spot where you put your permit number. You'll see "MSG20" and then four blanks. In those four blanks you will put the numbers "0 1 4 3". After you've filled out the application, be sure and sign the bottom of page 3 and then mail it to:

MDEQ
PO Box 2261
Jackson, MS 39225

Once we have that, you can keep operating your farm like you have been until we get your new permit to you. Any questions, let me know. Thanks!

Buster McMillan
Water I Branch
Environmental Permits Division
601.961.5671