



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



COVERAGE NUMBER: MSG22 0050. 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: Prairie Livestock, LLC  
 Owner Name: JIMMY BRYAN  
 Mailing Address - Street or P.O. Box: P.O. DRAWER 636  
 City: WEST POINT State: MS Zip: 39773  
 Physical Site Address - Street (can not be a P.O. Box): 2845 Barton Ferry RD  
 City: WEST POINT State: MS Zip: 39773  
 County: CLAY Latitude: 33° 38' 14.9" sec N Longitude: 88° 34' min, 54.2" sec W  
 Facility Telephone: (662) 494-5651 Fax: (662) 494-2672  
 Contact Cell No.: (662) 574-3005 Other: (810) 647-6350  
 Contact Email: philmo@prairielivestock.net  
 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 type="checkbox"/> Swine (55 lbs. or over)	_____	_____	<input type="checkbox"/> Dairy Cows	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	_____	<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 checked="" type="checkbox"/> Cattle (not dairy or veal calves)	<u>400</u>	<u>weddy</u>			

### B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 117 tons or 292,976.64 gallons
- How many acres of land, under the control of the applicant, are available for land application? 118.1 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 0 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 type="checkbox"/> Anaerobic Lagoon	_____	<input checked="" type="checkbox"/> Storage Lagoon	<u>9,411,315</u>
<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)**

- Number of existing houses/barns: 2  
 Number of proposed houses/barns: \_\_\_\_\_
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).  
 CNMP Development Date: 5/15/2021 CNMP Expiration Date: 5/15/2025
- 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 \_\_\_\_\_

**TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION**

Total number of incinerators on site: \_\_\_\_\_

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

Phil McClellan

Name of Responsible Official (Printed or Typed)

5/15/21

Date

V.P.

Title