



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



COVERAGE NUMBER: MSG20 200786. 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.

RECEIVED
NOV 03 2021

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Dept. of Environmental Quality

Name of Owner: Randal + Amy Stogner

Facility Name: R + A Stogner Farms LLC

Mailing Address:
Street or P.O. Box: 167 Fleet Holmes Rd.

City: Kokomo State: MS Zip: 39643

Physical Site Address:
Street (can not be a P.O. Box) 34 Moss Rd

City: Kokomo State: MS Zip: 39643

County: Marion

(For new facilities) Latitude (degrees/min/sec): N31°12'7.61" Longitude: W90°1'29.21"

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): na

Facility Fax No. (Include Area Code): na

Contact Cell Phone No. (Include Area Code): 601-674-0850

Other Contact Phone Numbers (Include Area Code): 601-441-4748

Contact Email: amy.stogner@gmail.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 2

Existing operation of an incinerator(s). Number of existing incinerator(s): 1

New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

2

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: Sanderson Farms

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: Jun 2020 Expiration Date: May 2025

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.