

9309



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



COVERAGE NUMBER: MSG20 0709. 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

Name of Owner: Chad Garvin

Facility Name: Chad Garvin ~~Co~~ Farm *Poultry

Mailing Address:
Street or P.O. Box: 530 Lucy Lane Rd

City: Newton State: MS Zip: 39345

Physical Site Address:
Street (can not be a P.O. Box) 664 Lucy Lane Rd

City: Newton State: MS Zip: 39345

County: Newton

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-527-1978

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): Same

Other Contact Phone Numbers (Include Area Code): _____

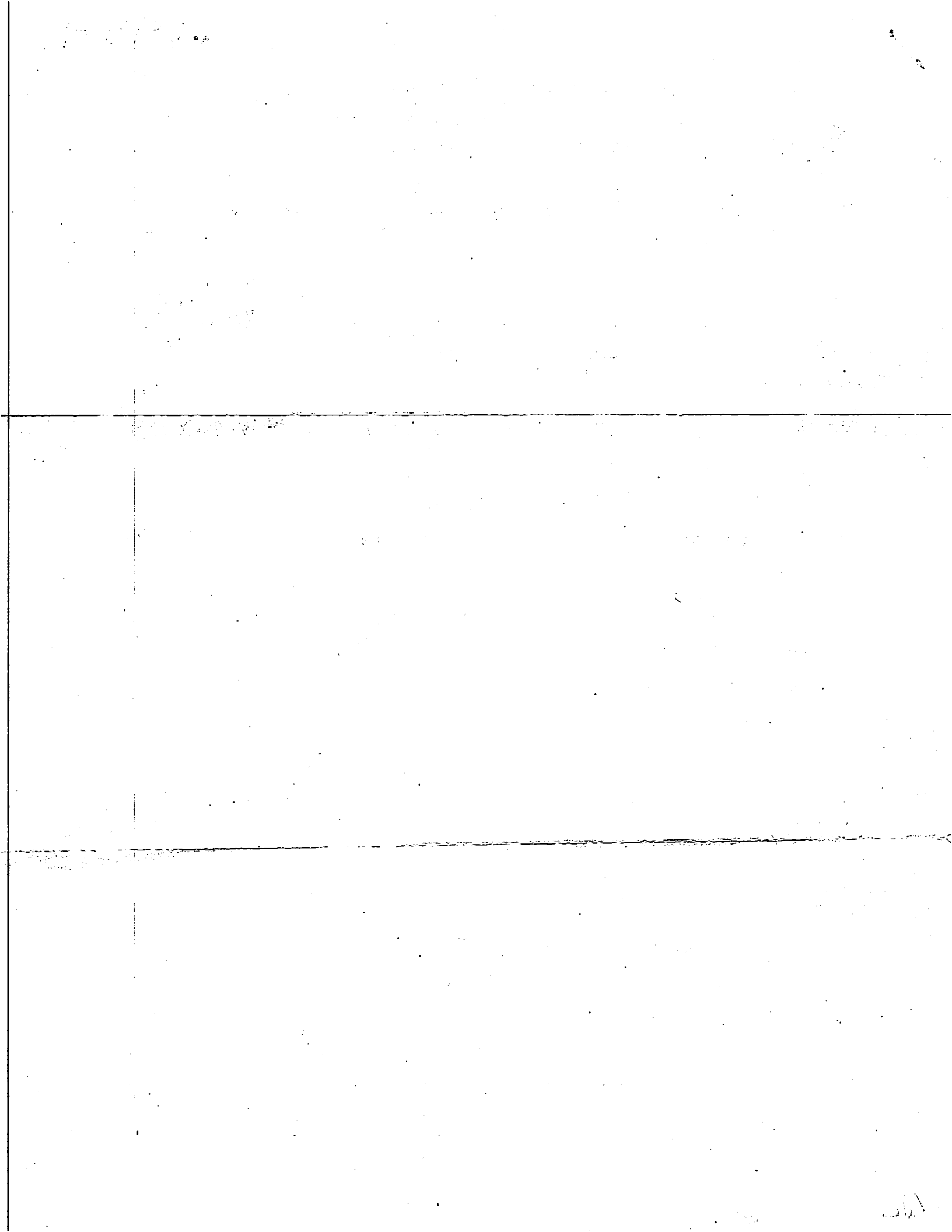
Contact Email : Chickman.CG@GMail.Com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 6

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

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



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): 172,000 Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: Tyson

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:

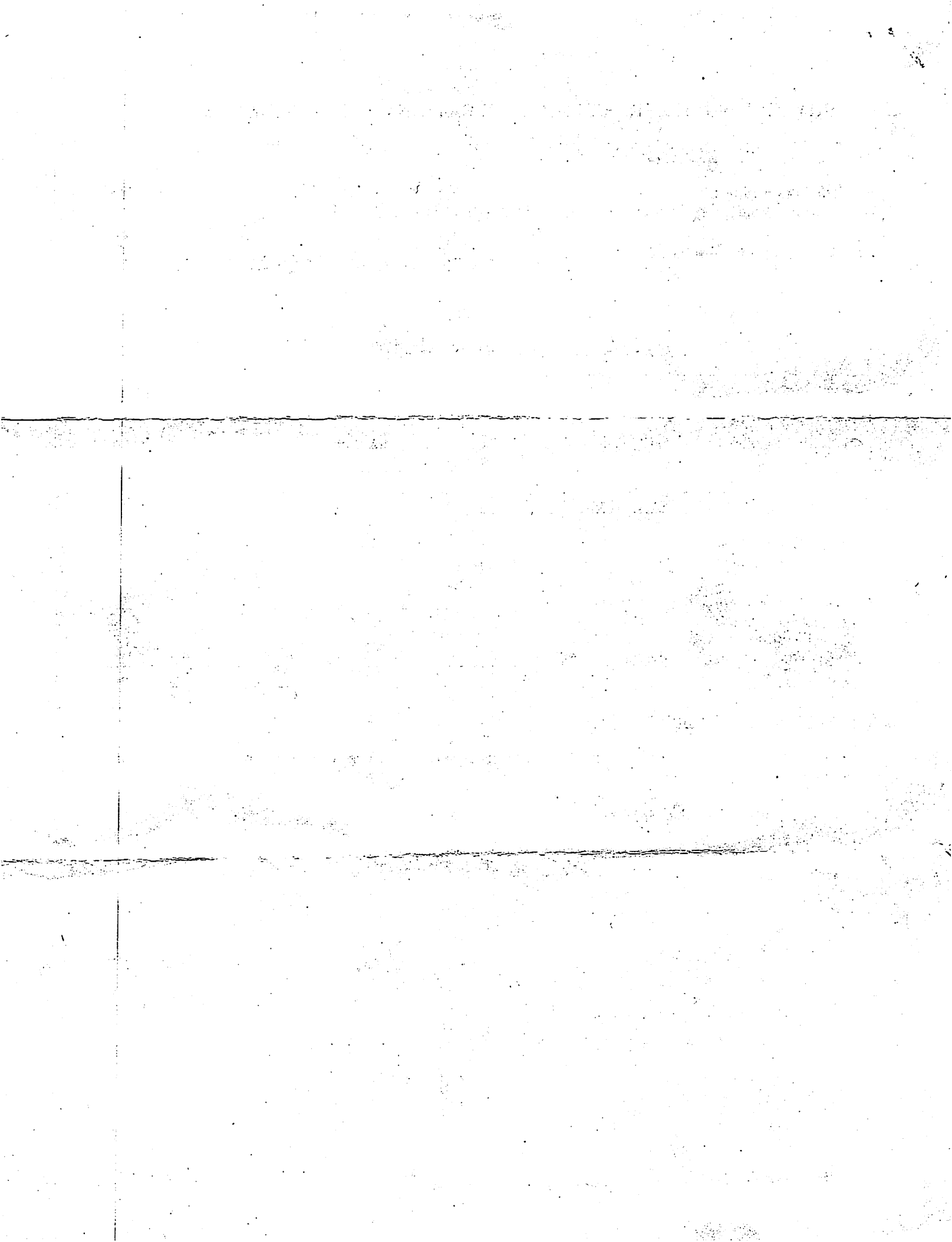
List type of dry litter storage and capacity (tons): _____

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: In Progress 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 /
INCINERATOR**

- No, there is no poultry manure to be collected, stored, transported, or disposed of, and the applicant is not planning to construct and/or operate a poultry manure handling facility, or is completing Sections IA, IB, and IC, and is not seeking modified coverage or issuance of a permit without a permit.
- Yes, there is mortality in the facility.



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LPNOI by
shipment without a

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MORTALITY INCINERATOR

For Existing Facilities:

Has the facility changed the type of manure handling facility?

- No Yes – Identify

For New Facilities:

Manufacturer Name: _____

Capacity (tons/hour): _____

IV. CERTIFICATION

Note: This NOI shall be submitted to the Department of Environmental Management (MDEQ) for review and approval. This NOI is required for all Animal Feeding Operations (AFOs) and Poultry Houses (PHs) that are required to obtain a permit under the Clean Air Act (CAA) and the Clean Water Act (CWA).

- For a corporation, by the president or other officer authorized to execute such documents.
- For a partnership, by the general partner or other person authorized to execute such documents.
- For a sole proprietor, by the proprietor.

ter Poultry

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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.

Chad H. Garvin

12-03-21

Signature of Responsible Official

Date

Chad Garvin

Owner

Printed Name

Title