



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



COVERAGE NUMBER: MSG22 0 0 5 1. 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

RECEIVED MAR 1 2022 MDEQ

Facility Name: Parker Grow Yard
Owner Name: Parker Grow Yard LLC
Mailing Address - Street or P.O. Box: 165 Herbert Trigg Road
City: Seminary State: MS Zip: 39479
Physical Site Address - Street (can not be a P.O. Box): 2125 Military Road
City: Raymond State: MS Zip: 39154
County: Hinds Latitude: 32.2596 deg.N Longitude: 90.5587 deg.W
Facility Telephone: () Fax: ()
Contact Cell No.: () Other: (601) 722-9081
Contact Email: tpfarm@att.net
If Contract operation: Name of Integrator: n/a

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Table with 6 columns: Type, No. In Open Confinement, No. Housed Under Roof, Type, No. In Open Confinement, No. Housed Under Roof. Includes rows for Swine, Chickens, Cattle, Dairy Cows, Heifers, and Veal Calves.

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

- 1. How much manure, litter, and wastewater is generated annually by the facility? 2,738 tons or 11,323,195 gallons
2. How many acres of land, under the control of the applicant, are available for land application? 70 acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 2,738 tons gallons

ml

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	2 structures - 20,372,205 gals
<input type="checkbox"/> Roofed Storage Shed	_____	<input checked="" type="checkbox"/> Concrete Pad	2000 tons
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 5
 Number of proposed houses/barns: 0

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).
 CNMP Development Date 2/24/2022 CNMP Expiration Date: 2/23/2027

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: n/a

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: n/a

1. Manufacture Date: _____ Latitude: _____ Longitude: _____

2. Manufacture Date: _____ Latitude: _____ Longitude: _____

3. Manufacture Date: _____ Latitude: _____ Longitude: _____

IV. CERTIFICATION

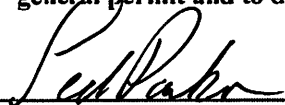
Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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.

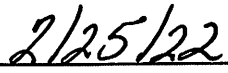
I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.



Signature of Responsible Official

Ted Parker

Name of Responsible Official (Printed or Typed)



Date

Owner

Title



Corporate Office:
3404 Airway Blvd.
Amarillo TX 79118

Central Texas:
9855 FM 847
Dublin TX 76446

New Mexico:
203 East Main Street
Artesia NM 88210

February 24, 2022

Tracy Tomkins
Agricultural Branch
Environmental Permits Division
PO Box 2261
Jackson, MS 39225-2261

RECEIVED
MAR 01 2022
Dept. of Environmental Quality

Re: Nutrient Management Plan Update and Re-Coverage Notice of Intent for Parker Grow Yard, LLC, Hinds County (CAFO Coverage No. MSG220051)

Dear Ms. Tomkins,

Attached is the updated Nutrient Management Plan that includes the Notice of Intent for re-coverage under the reissued general permit for the above referenced facility. Should you have any questions or require additional information, please call me at 254-353-6123.

Sincerely

Corey Mullin
Consultant

Enclosures

Cc: Parker Grow Yard – Hinds County