

Att # 795



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

RECEIVED MAR 24 2022



MDEO

COVERAGE NUMBER: MSG22 0029. 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: Prestage Farms Inc ISO Number 1
Owner Name: Prestage Farms
Mailing Address - Street or P.O. Box: P.O. Box 1425
City: West Point State: MS Zip: 39773
Physical Site Address - Street (can not be a P.O. Box): 296 Prestage Drive
City: Houston State: MS Zip: 38851
County: Chickasaw Latitude: 34°00'33.46"N
Longitude: 89°00'65.45"W
Facility Telephone: ( ) Fax: ( )
Contact Cell No.: (662) 295-5885 Other: ( )

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
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B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE
1. How much manure, litter, and wastewater is generated annually by the facility? 4312 tons or gallons
2. How many acres of land, under the control of the applicant, are available for land application? 491.4 acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 t 0 gallons

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**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*

Ray Morton  
\_\_\_\_\_  
*Name of Responsible Official (Printed or Typed)*

3-22-22  
\_\_\_\_\_  
*Date*

Land Mgr  
\_\_\_\_\_  
*Title*