



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



COVERAGE NUMBER: MSG202030. 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
JUN 16 2022

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Dawn Keys / Keys Cattle LLC MDEQ

Facility Name: Keys Poultry

Mailing Address:
Street or P.O. Box: 4779 Greene Lodge Rd

City: Leakesville State: MS Zip: 39451

Physical Site Address:
Street (can not be a P.O. Box) 4575 Greene Lodge Rd

City: Leakesville State: MS Zip: 39451

County: Greene

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

(For new facilities) Nearest named receiving stream: Big Oktibee Creek

Facility Telephone No. (Include Area Code): 601-508-1222

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-508-1222

Other Contact Phone Numbers (Include Area Code): 601-508-0159

Contact Email: KEYSCATTLE LLC @ Gmail.com

B. ACTIVITY TYPE (Check all that apply)

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

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

New or expanding operation. Number of proposed houses: 2 Number of proposed incinerators: 0

ml

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: SANDHILL FARM

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): 50

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 2022 Expiration Date: MAY 2027

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 AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

No, there is no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

Yes, there is mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators, or the fuel type burned?

No Yes – Identify Changes: _____

For New Facilities:

Manufacturer Name: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

IV. CERTIFICATION

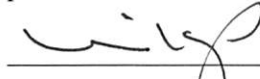
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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

6.10.22

Date

William Keys

Printed Name

B - OWNER

Title

Submit only upon request from MDEQ



SMALL CONSTRUCTION NOTICE OF INTENT (SCNOI)

GENERAL NPDES PERMIT MSR15 _____ (Number to be assigned by MDEQ if submitted)

Prior to the commencement of small construction activity (see Small Construction General Permit ACT11, T-17), the owner or operator of a small construction project must complete this form and develop a Storm Water Pollution Prevention Plan (SWPPP) as required by ACT5 of Mississippi's Small Construction General Permit. This SCNOI and SWPPP shall be submitted to the Mississippi Department of Environmental Quality (MDEQ) only upon request from MDEQ; however, the SCNOI and SWPPP must be maintained at the permitted site or locally available in case inspector review is necessary. Attachments with this SCNOI must include: a USGS quad map or copy showing site location (only if required to be submitted to MDEQ) and a Storm Water Pollution Prevention Plan (SWPPP). All questions must be answered - answer "NA" if the question is not applicable.

PROJECT INFORMATION

OWNER CONTACT PERSON: William I Keys
OWNER COMPANY NAME: Keyscattle LLC c/o Dawn Keys
OWNER STREET (P.O. BOX): 4779 Greene Lodge Rd
OWNER CITY: Leakesville
STATE: MS ZIP: 39451
OWNER PHONE # (INCLUDE AREA CODE): 601-508-1222

OPERATOR (if different from owner) CONTACT PERSON: _____
OPERATOR COMPANY: _____
OPERATOR STREET (P.O. BOX): _____
OPERATOR _____ CITY: _____
STATE: _____ ZIP: _____
OPERATOR PHONE # (INCLUDE AREA CODE): _____

PROJECT NAME: Keys Poultry
DESCRIPTION OF CONSTRUCTION ACTIVITY: 2 Pullet Houses
ACREAGE DISTURBED (to be covered by this permit, area must be less than five (5) acres): 4
PHYSICAL SITE ADDRESS (If not available, indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.):
STREET: 4525 Greene Lodge Rd
CITY: Leakesville COUNTY: Greene ZIP: 39451
NEAREST NAMED RECEIVING STREAM: Big Oktibee Creek

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.

Signature: [Signature] Date Signed: 6/13/22
Printed Name: Ben Pieren Title: Owner

*This application shall be signed according to the Small Construction General Permit, ACT10, T-4.

If requested, please submit this form to: Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225