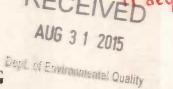




I. GENERAL INFORMATION

OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)





COVERAGE NUMBER: MSG22 O O 1 2. 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.

Facility Name: Hatchie River Farms, Number 2				
Owner Name: Bonnie Mauney				
Mailing Address - Street or P.O. Box: 2361 CR 545				
City: Ripley State: MS Zip: 38663				
Physical Site Address - Street (can not be a P.O. Box): 2361 CR 545				
City: Ripley State: MS Zip: 38663				
County: Tippah Latitude: 88°44'27,72'W Longitude: 34°44'56.43°N				
Facility Telephone: () NA Fax: () NA				
Contact Cell No.: (662) 587- 4035 Glenn Other: () NA				
Contact Email: hogwild - 2224 @ 49hoo, com				
If Contract operation: Name of Integrator: N. G. Purvis Farms Inc.				
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS				
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)				
Type Confinement Under Roof Type Continement Under Roof				
Swine (55 lbs. or over) Swine (under 55 lbs.) Dairy Cows Heifers				
Chickens (broilers) Chickens (lavers) Veal Calves Other: Specify				
Cattle (not dairy or yeal calves)				
B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE				
1. How much manure, fitter, and wastewater is generated annually by the facility? 8,997 tons or gallons				
2. How many acres of land, under the control of the applicant, are available for land application? 78.4 acres				
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons?				

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

WASTEWATER (Check all that			LITTER AND PROCESS ty)
Anaerobic Lagoon Roofed Storage Shed Impervious Soil Pad	al Capacity (in gallons) 10,468,987 8	Type Storage Lagoon Concrete Pad Other: Specify	Total Capacity (in gallons)
D. NUTRIENT MANAGEMENT P	PLAN (NMP)		
Number of existing houses/ Number of proposed houses	barns: 6 E	Barns	
2. Facility must have and prov	vide a current Comprehen	sive Nutrient Management F	Plan (CNMP).
CNMP Development Date:	5/2013	CNMP Expiration D	ate: 4/2018
3. A topographic map of the g submitted with the current?			and application fields, was
Note: The CNMP identified above management plan must be submit current NMP is either on file at the	ted to MDEQ prior to i	ts expiration date. This NO	I is not complete unless a
II. CONSTRUCTION AND/O	R OPERATION OF	AN ANIMAL MORTA	LITY INCINERATOR
and/or operate mortality incine completing sections III and V	eration equipment, you m of this NOI and Appendix	ust submit an updated Multi- A. Constructing and opera	
Yes, there will be mortality inc	cineration equipment loca	ited at the facility. Complete	e Section III.
MANUFACTURER'S INFORMATION		TYPE OF INCINERATOR	
Manufacturer Name:		Single Chamber	
Model Number:		Multiple Chamber	
Capacity (tons/hour):		Other, describe	
TOTAL NUMBER OF INCINE	RATORS AND THE	IR DATES OF CONST	RUCTION
TOTAL NUMBER OF INCINE Total number of incinerators on site:	RATORS AND THE	IR DATES OF CONST	RUCTION
	Latitude:	IR DATES OF CONST Longit Longit	ude:

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

Glenn Mauney

Name of Responsible Official (Printed or Typed)

Date

8/21/15

Date

Operator

Title