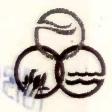
745



## OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 O O 4. 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 Name: Brooks Swine Facility				
Owner Name: Bobby Brooks				
Mailing Address - Street or P.O. Box: 1230 A. ghway & West				
City: Asus ten State: MS Zip: 38851				
Physical Site Address - Street (can not be a P.O. Box): 430 Highway 8 West				
City: Houston State: MS Zip: 38851				
County: Chickasaw Latitude: 33,891552 Longitude: -89.072138				
Facility Telephone: ()Fax: ()				
Contact Cell No.: 662 295-0913 Other: ()				
Contact Email: terrye a prestage farms, com				
If Contract operation: Name of Integrator: Prestage Farms				
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS				
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)				
No. In Open Confinement Under Roof Type Confinement Under Roof  Swine (55 lbs. or over)  Swine (under 55 lbs.)				
Chickens (broilers) Chickens (layers) Cattle (not dairy or veal calves)				
B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE				
1. How much manure, litter, and wastewater is generated annually by the facility? 8247 tons or gallons				
2. How many acres of land, under the control of the applicant, are available for land application? 101.4 acres				
3. How many tons of manure or litter, or sallons of wastewater produced by the CAFO will be transferred annually to other persons? gallons				

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE WASTEWATER (Check all that apply and				
	ty (in gallons)	Storage Lagoon Concrete Pad Other: Specify	Total Capacity (in gallons)	
D. NUTRIENT MANAGEMENT PLAN (N	MP)			
Number of existing houses/barns:     Number of proposed houses/barns:	8			
2. Facility must have and provide a curr	rent Comprehensive N	Nutrient Management P	lan (CNMP).	
CNMP Development Date: Marc	h 2012	CNMP Expiration Da	ite: Feb 2017	
<ol> <li>A topographic map of the geographic submitted with the current NMP.</li> </ol>	e area, showing the pr	oduction area and the la		
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.				
M. CONSTRUCTION AND/OR OPER  No, there will be no mortality incineration and/or operate mortality incineration equipment without written notification of law.  Yes, there will be mortality incineration	on equipment located hipment, you must sub ll and Appendix A. ( of a modified coverage	at the facility. If at a fi omit an updated Multim Constructing and operate or issuance of individu	sture date you wish to construct hedia CAFO GP NOI, ing mortality incineration had permits is a violation of state	
MANUFACTURER'S INFORMATION	TV	PE OF INCINERA	TOP	
Manufacturer Name:		Single Chamber		
Model Number:		Multiple Chamber		
Capacity (tons/hour):		Other, describe		
TOTAL NUMBER OF INCINERATOR	S AND THEIR DA	ATES OF CONSTR	RUCTION	
Total number of incinerators on site:				
1. Manufacture Date:		Longitud	de:	
Manufacture Date:     Manufacture Date:	Y . Ala. J.	Longitud Longitud	le:	
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## IV. CERTIFICATION

Note: This NO! shall be signed according to the Multimedia CAFO GP, AC18, Condition Telp, 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

Name of Responsible Official (Printed or Typed)

Date

DWNEr

Title