

AI #69000  
GNP 2015000



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



COVERAGE NUMBER: MSG20 1850. 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

DEC - 7 2015

Dept. of Environmental Quality

**I. GENERAL INFORMATION**

**A. CONTACT AND FACILITY INFORMATION**

Name of Owner: Tracy & Courtney Dixon

Facility Name: \_\_\_\_\_

Mailing Address:

Street or P.O. Box: 192 CR 315

City: Heidelberg State: MS Zip: 39439

Physical Site Address:

Street (can not be a P.O. Box) 1205 CR 31

City: Heidelberg State: MS Zip: 39439

County: Jasper

(For new facilities) Latitude (degrees/min/sec): 31°53'48.137" N Longitude: -89°5'49.977" W

(For new facilities) Nearest named receiving stream: \_\_\_\_\_

Facility Telephone No. (Include Area Code): 601-323-1879

Facility Fax No. (Include Area Code): \_\_\_\_\_

Contact Cell Phone No. (Include Area Code): 601-323-1879 or 601-498-2034

Other Contact Phone Numbers (Include Area Code): 601-498-2034

Contact Email: tracy.dixon1972@gmail.com or courtneyedixon@yahoo.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: 4 Number of proposed incinerators: 1

**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): 110,000  
27,500 / house       Pullet/Breeder (0252): \_\_\_\_\_

**B. CONTRACT INFORMATION**

Is this facility a contract operation?     No       Yes- Integrator Name: Wayne Farms

**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): Dry stack      300 Tons

**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: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

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.

