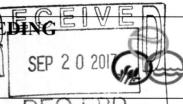
Gnf 20170001 AI #16333



OPERATION GENERAL PERMIT NOTICE OF INTENT (DLPNOI)



COVERAGE NUMBER: MSG20 1554. 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 Recoverage.

I. GENERAL INFORMATION AI
A. CONTACT AND FACILITY INFORMATION
Name of Owner: Justin K. McMillan
Facility Name: McMillan Farms
Mailing Address:
Street or P.O. Box: 10621 Road 404
City: Philadelphia State: MS zip: 39350
Physical Site Address:
Street (can not be a P.O. Box) 1620 Road 404
City: Phi ladelphia State: MS zip: 39350
County: Neshoba
(For new facilities) Latitude (degrees/min/sec): Longitude:
(For new facilities) Nearest named receiving stream:
Facility Telephone No. (Include Area Code):
Facility Fax No. (Include Area Code):
Contact Cell Phone No. (Include Area Code):
Other Contact Phone Numbers (Include Area Code):
Contact Email: jmcmillan 55 g 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:

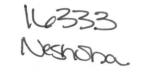
II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

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): 148,800
B. <u>CONTRACT INFORMATION</u>
Is this facility a contract operation? No Yes- Integrator Name: Peco
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):
D. <u>NUTRIENT MANAGEMENT PLAN</u>
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: 9-17 Expiration Date: 9-2022
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? Yes – Identify Changes: No 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 MDEO 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. 9/5/2017 Signature of Responsible Official Date

Title





Comprehensive Nutrient Management Plan

The Comprehensive Nutrient Management Plan (CNMP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This CNMP documents the planning decisions and operation and maintenance for the animal feeding operation. It includes background information and provides guidance, reference information and Web-based sites where up-to-date information can be obtained. Refer to the Producer Activity document for information about day-to-day management activities and recordkeeping. Both this document and the Producer Activity document shall remain in the possession of the producer/landowner.

Farm contact information:

MCMILLAN

c/o Justin MCMILLAN 10621 ROAD 404

PHILADELPHIA. MS 39350-2453

601-504-7376

Latitude/Longitude: 89°16'20.233"W 32°41'31.776"N

Plan Period:

Oct 2017 - Sep 2022

	prehensive Nutrient Management Plan and Producer Nutrient Management ne documents are technically compatible, reasonable and can be implemented.	
Signature:	Date:	
Name: Title: Supervisory District Conservationist Certification	on Credentials: NRCS Certified Planner	
Title. Supervisory district Conservationist Certification	of Credentials. NRC3 Certified Flatfile	
Conservation District The Conservation District has reviewed the CNMP documents and con Signature:	curs that the plan meets the District's goals. Date: $9-19-17$	
Owner/Operator As the owner/operator of this CNMP, I, as the decision maker, have be each element of the CNMP are needed. I understand that I am respons this CNMP. It is my intention to implement/accomplish this CNMP in a testing signature:	en involved in the planning process and agree that the items/practices listed in sible for keeping all the necessary records associated with the implementation of imely manner as described in the plan. Date:	
Section 2. Manure and Wastewater Handling and Storage		
Signature: Name:	Date: 9-19-17	
Title: Certification C	redentials:	
Sections 4. Land Treatment		
Signature:	Date:	
Section 6. Nutrient Management The Nutrient Management component of this plan meets the Mississippi Nutrient Management 590 and Waste Utilization 633 Conservation Practice Standards. Signature: Date: 9-19-17		

Section 7. Feed Management (not applicable) Section 8. Other Utilization Options (not applicable)

Sensitive data as defined in the Privacy Act of 1974 (5 U.S.C. 552a, as amended) is contained in this report, generated from information systems managed by the USDA Natural Resources Conservation Service (NRCS). Handling this data must be in accordance with the permitted routine uses in the NRCS System of Records at http://www.nrcs.usda.gov/about/foia/408 45.html. Additional information may be found at http://www.ocio.usda.gov/qi request/privacy statement.html.

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