



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



COVERAGE NUMBER: MSG20 1641. 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.

I. GENERAL INFORMATION

RECEIVED

JAN / 2 2019

A. CONTACT AND FACILITY INFORMATION

Dept. of Environmental Quality

Name of Owner: Debra Lewis

Facility Name: DNH Poultry Farm

Mailing Address:

Street or P.O. Box: 350 Red Oak Ridge

City: State Line State: MS Zip: 39362

Physical Site Address:

Street (can not be a P.O. Box) 794 Red Oak Ridge

City: State Line State: MS Zip: 39362

County: Greene

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601. 394. 2235

Facility Fax No. (Include Area Code): 601. 394. 5537

Contact Cell Phone No. (Include Area Code): 601. 394. 8378

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: debbielu_48@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 4

Existing operation of an incinerator(s). Number of existing incinerator(s): 1

New or expanding operation. Number of proposed houses: _____ 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): _____ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No

Yes- Integrator Name: Wayne Farms LLC

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. 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: 8.15.2014 Expiration Date: July 31, 2019

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.

Debra Lewis

Signature of Responsible Official

12.28.2018

Date

Debra Lewis

Printed Name

Owner

Title

DRY LITTER POULTRY BUFFER ZONE WAIVER

Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39205

Please check one of the following:

I, Shelia Odom, attest that I am the sole owner of the property in question.

I am aware of the construction of a poultry dry litter waste disposal system owned by

Debra D. Lewis, and I have no objection to this facility being within 150 feet of the property in question or within 600 feet from my residence as required by the Mississippi

Department of Environmental Quality Permit Board.

We, the following individuals, attest that we jointly own the property in question.

Individuals Name	Address
<u>Shelia Odom</u>	<u>4008 Pine Tucky Rd</u> <u>State Line, ms 39362</u>

We are aware of the construction of a poultry dry litter waste disposal system owned by _____, and we have no objection to this facility being within the within 150 feet of the property in question or within 600 feet from our residences as required by the Mississippi Department of Environmental Quality Permit Board.

Date and Signatures:

Date: 12-28-18

Owner

Signatures:

Shelia L Odom

(Signature of Notary Public)

My commission expires: April 2, 2020



THE UNIVERSITY OF CHICAGO

Department of Chemistry
5700 South Ellis Avenue
Chicago, Illinois 60637

Dear Mr. [Name]

I am pleased to inform you that your application for admission to the Ph.D. program in Chemistry has been reviewed and you have been accepted for admission in the fall of 1968. Your admission is contingent upon your meeting the following conditions:

1. You must have a minimum GPA of 3.0 in your undergraduate work.	2. You must have completed the following prerequisite courses:
3. You must have completed the following prerequisite courses:	4. You must have completed the following prerequisite courses:
5. You must have completed the following prerequisite courses:	6. You must have completed the following prerequisite courses:

If you are unable to meet these conditions, you may be admitted as a non-degree student. Please contact the Department of Chemistry for more information.

Sincerely,
[Signature]

THE UNIVERSITY OF CHICAGO
Department of Chemistry
5700 South Ellis Avenue
Chicago, Illinois 60637