

A# 69047

Renewal



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

RECEIVED
JAN 25 2019
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 1852. 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

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Clayton W. Burnett

Facility Name: Square B Farm

Mailing Address:

Street or P.O. Box: 51 Floyd Burnett Dr.

City: Richton State: MS Zip: 39476

Physical Site Address:

Street (can not be a P.O. Box) 420 Bill Merritt Rd

City: Richton State: MS Zip: 39476

County: Greene

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-394-8919

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-394-8919

Other Contact Phone Numbers (Include Area Code): 601-394-8416

Contact Email: claytonburnett@tds.net

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): _____

New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

1. DAY TO DAY WORK - REVIEW OPERATIONAL CHARACTERISTICS

A. TYPE AND AMOUNT OF CHANGES

For Existing Facilities:
Has the facility changed the number of houses or units of type the product or process?

Yes No

For New Facilities:
Capacity and product amount

Capacity (sq. ft.) Product (tons)

Has the facility changed the type of filter storage and capacity (tons)?
Yes No

B. TYPE OF NEW FILTER STORAGE AND CAPACITY

For Existing Facilities:
Has the facility changed the filter storage type or capacity?

Yes - Identify Changes: No

For New Facilities:
Type of dry filter storage and capacity (tons)

C. FILTERING MANAGEMENT PLAN

If you do not have a current comprehensive Filtering Management Plan then one must be submitted with the DWR application.

Application Number: _____
Date: _____

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: Sanderson Farm

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: 5-31-2016 Expiration Date: 5-31-2021

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.

This form is to be completed by the person responsible for the feeding operation at the facility. It is a general form and does not constitute a permit. The information provided on this form will be used to determine if the feeding operation is in compliance with the Animal Feeding Operations Act (7 USC 2131-2136) and the Animal Feeding Operations Regulations (9 CFR 165.1-165.100). The information provided on this form will also be used to determine if the feeding operation is eligible for a permit under the Act and Regulations.

For more information, contact the National Animal Health Inspection Service, Room 100, 1400 Independence Avenue, SW, Washington, DC 20250-4700. Telephone: (202) 734-3800. Fax: (202) 734-3801.

GENERAL INFORMATION

Name of Feeding Operation:

Address:

State:

County:

CERTIFICATION

Note: This NOI shall be signed according to conditions T-17 and T-18 found in ACT 6 of the Animal Feeding Operations Regulations (9 CFR 165.100-165.105).

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I certify that my facility management and the information provided on this form are true and correct. I understand that my facility management and the information provided on this form will be used to determine if the feeding operation is in compliance with the Animal Feeding Operations Act and Regulations.

I understand that my facility management and the information provided on this form will be used to determine if the feeding operation is eligible for a permit under the Act and Regulations. I understand that my facility management and the information provided on this form will be used to determine if the feeding operation is in compliance with the Animal Feeding Operations Act and Regulations.

I understand that my facility management and the information provided on this form will be used to determine if the feeding operation is in compliance with the Animal Feeding Operations Act and Regulations.

Signature:

Signature:

Title:

Title:

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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
For Existing Facilities: Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input type="checkbox"/> No	<input type="checkbox"/> 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.	
<ul style="list-style-type: none">• 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.	
<u>Clayton W. Burnett</u>	<u>1-22-19</u>
Signature of Responsible Official	Date
<u>Clayton W. Burnett</u>	<u>Owner</u>
Printed Name	Title

THIS PERMIT IS GRANTED TO THE UNDERSIGNED FOR THE PURPOSES SPECIFIED HEREIN

ON THE CONDITION THAT THE UNDERSIGNED SHALL COMPLY WITH ALL THE

REGULATIONS AND CONDITIONS HEREIN CONTAINED

AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE FOREST AND

WATER RESOURCES OF THE AREA

IN ACCORDANCE WITH THE FOREST ACT AND THE WATER ACT

AND ALL OTHER APPLICABLE LAWS

ISSUED AT [LOCATION] ON [DATE]

BY [OFFICIAL NAME]

[OFFICIAL TITLE]

[DEPARTMENT]

[ADDRESS]

[CITY]

[STATE]

[COUNTRY]

[POSTAL CODE]

[PHONE NUMBER]

[FAX NUMBER]

[E-MAIL ADDRESS]

[WEBSITE ADDRESS]

[SOCIAL MEDIA LINKS]

[CONTACT INFORMATION]

[ADDITIONAL NOTES]

[SIGNATURE]

[NAME]

[TITLE]

[DEPARTMENT]

[ADDRESS]

[CITY]

[STATE]

[COUNTRY]

[POSTAL CODE]

[PHONE NUMBER]

[FAX NUMBER]

[E-MAIL ADDRESS]

[WEBSITE ADDRESS]

[SOCIAL MEDIA LINKS]

[CONTACT INFORMATION]

[ADDITIONAL NOTES]

[SIGNATURE]

[NAME]

[TITLE]

[DEPARTMENT]

[ADDRESS]



NOTICE OF INTENT (BINOD)
OPERATION GENERAL PERMIT
DIP 11111111111111111111

OVERAGE NUMBER: MS-200

GENERAL PERMIT