

ATT# 51914



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



COVERAGE NUMBER: MSG20 1326. 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

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MAR 01 2019
MDEQ

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Jeffrey Sharplin

Facility Name: Jeffrey Sharplin

Mailing Address:
Street or P.O. Box: 238 Lott Lane
City: Seminary State: MS Zip: 39479

Physical Site Address:
Street (can not be a P.O. Box) 2331 Hwy. 590
City: Seminary State: MS Zip: 39479
County: Jones
(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): 601-315-6298

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : _____

B. ACTIVITY TYPE (Check all that apply)

- Existing operation NOT proposing expansion. Number of existing houses: 2
- Existing operation of an incinerator(s). Number of existing incinerator(s): 1
- New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____



Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

POST OFFICE BOX 2261 • JACKSON, MS 39225-2261

TEL: (601) 961-5171 • FAX: (601) 354-6612

www.deq.state.ms.us



DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS GENERAL PERMIT MSG20

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Dept. of Environmental Quality

NOTICE OF INTENT

INSTRUCTIONS

All questions must be answered for this notice of intent to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question. Applicant must be the owner and/or operator of the property.

RE-COVERAGE FOR FACILITIES CURRENTLY COVERED UNDER THE DLPAFO GP MSG20:

To obtain re-coverage under this general permit (GP), existing facilities shall submit a complete Dry Litter Poultry Notice of Intent (DLPNOI) to the MDEQ within 30 days of the date of the Letter of Instruction for Re-Coverage. If a current Comprehensive Nutrient Management Plan (CNMP) is not on file at MDEQ then a current plan must be submitted with the DLPNOI. The CNMP must include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, land application field(s), composting area, litter storage structure, etc.).

If the previous coverage included regulated construction activities greater than 5 acres which need to be continued then a Large Construction Notice of Intent (LCNOI) must be completed and submitted to MDEQ with the DLPNOI. For construction activities disturbing 1 – 5 acres, the requirements for Small Construction Storm Water must be implemented.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Dry Litter Poultry Forms Package. Facilities that continue to operate without applicable permit coverage are in violation of state law. The DLPNOI is not required to be submitted if the facility is submitting a request for termination of coverage.

COVERAGE FOR NEW OR EXPANDING FACILITIES:

For new or expanding facilities, in addition to the DLPNOI, the following additional submittals may be required:

- A Storm Water Pollution Prevention Plan (SWPPP), and LCNOI for construction activities totaling five (5) acres or more
- Contiguous Land Owner Notification(s) as identified in Condition S-2, ACT 2 of the DLPAFO GP No. MSG20. The notification should include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, composting area, litter storage structure, etc.).
- Buffer Zone Waiver(s)
- Appropriate Section 404 Documentation (Wetlands)

All forms must be submitted to: Chief, Environmental Permits Division, Mississippi Department of Environmental Quality, PO Box 2261, Jackson, Mississippi 39225-2261.

*For construction activities disturbing 1 -5 acres, the Small Construction Notice of Intent (SCNOI) and SWPPP must be completed, but not submitted

The Construction Storm Water General Permits, NOI and other required forms can be found at the following links:

http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral?OpenDocument

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 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): _____

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: 3/2019 Expiration Date: 2/2024

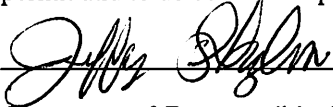
The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
For Existing Facilities:	
Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes – Identify Changes: _____
For New Facilities:	
Manufacturer Name: _____	Model Number: _____
Capacity (tons/hour): _____	Fuel Type: _____

IV. CERTIFICATION

<p>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.</p> <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. 	
<p>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.</p> <p>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.</p> <p>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.</p>	
 _____ Signature of Responsible Official	2-26-19 _____ Date
Jeffrey Sharplin _____ Printed Name	Owner/Operator _____ Title

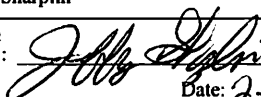

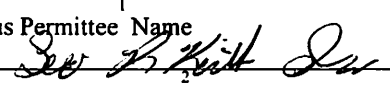

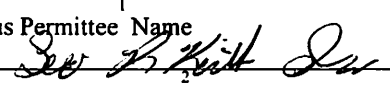

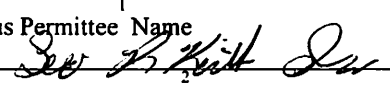
Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: <u>Jeffrey Sharplin</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>2331 Hwy. 590</u></p> <p>City: <u>Seminary</u> State: <u>MS</u> Zip: <u>39479</u></p> <p>County: <u>Jones</u></p> <p>Telephone: (<u>601</u>) <u>315-6298</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Jeffrey Sharplin</u></p> <p>Title: <u>New Owner</u></p> <p>Mailing Address: <u>238 Lott Lane</u></p> <p>Street/P.O. Box: _____</p> <p>City: <u>Seminary</u> State: <u>MS</u> Zip: <u>39479</u></p> <p>Telephone (<u>301</u>) <u>315-6298</u></p>		
<p>Item III.</p> <p>Previous Permittee: <u>Leo Kenneth Keith Sr, Poultry</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>3284 Monroe Rd.</u></p> <p>City: <u>Ellisville</u> State: <u>MS</u> Zip: <u>39437</u></p> <p>Telephone: (<u>601</u>) <u>315-0800</u></p>	<p>Item IV.</p> <p>New Permittee: <u>Jeffrey Sharplin</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>238 Lott Lane</u></p> <p>City: <u>Seminary</u> State: <u>MS</u> Zip: <u>39479</u></p> <p>Telephone: (<u>601</u>) <u>315-6298</u></p>		
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No <u>X</u></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>		
<p>Item VII.</p> <p>Will Facility Name Change? Yes <u>X</u> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>JEFFREY SHARPLIN</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Jeffrey Sharplin</u></p> <p>Authorized Signature: <u></u></p> <p>Title: <u>New Owner</u> Date: <u>2-26-19</u></p>		
<p>Item IX.</p> <p style="text-align: center;">We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Leo Kenneth Keith Sr, Poultry</u></p> <p>To: <u>Jeffrey Sharplin</u> Acquisition Date: _____</p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><u>Jeffrey Sharplin</u></p> <p>Print New Permittee Name</p> <p><u></u></p> <p>New Authorized Signature New Owner/Operator</p> <p>Title _____ Date <u>2-26-19</u></p> </td> <td style="width: 50%; border: none;"> <p><u>Leo K Keith, Sr.</u></p> <p>Print Previous Permittee Name</p> <p><u></u></p> <p>Previous Authorized Signature Old Owner</p> <p>Title _____ Date <u>2-26-19</u></p> </td> </tr> </table> <p><small>¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.</small></p> <p><small>² Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</small></p>		<p><u>Jeffrey Sharplin</u></p> <p>Print New Permittee Name</p> <p><u></u></p> <p>New Authorized Signature New Owner/Operator</p> <p>Title _____ Date <u>2-26-19</u></p>	<p><u>Leo K Keith, Sr.</u></p> <p>Print Previous Permittee Name</p> <p><u></u></p> <p>Previous Authorized Signature Old Owner</p> <p>Title _____ Date <u>2-26-19</u></p>
<p><u>Jeffrey Sharplin</u></p> <p>Print New Permittee Name</p> <p><u></u></p> <p>New Authorized Signature New Owner/Operator</p> <p>Title _____ Date <u>2-26-19</u></p>	<p><u>Leo K Keith, Sr.</u></p> <p>Print Previous Permittee Name</p> <p><u></u></p> <p>Previous Authorized Signature Old Owner</p> <p>Title _____ Date <u>2-26-19</u></p>		
<p>Page 1 of 2 SEPTEMBER 1999</p>			

Mississippi Department of Environmental Quality/Office of Pollution Control
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Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One) <input checked="" type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One) <input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>General Operating</u></p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: <u>4/22/2014</u></p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>1/31/2019</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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