



**CONCENTRATED ANIMAL FEEDING
OPERATION GENERAL PERMIT
NOTICE OF INTENT (CAFO NOI)**

A# 761



COVERAGE NUMBER: MSG22 0001. 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

Facility Name: B & K FARMS INC.

Owner Name: KARL P. FLOYD

Mailing Address - Street or P.O. Box: 1907 HWY 15 S.

City: WOODLAND State: MS Zip: 39776-9761

Physical Site Address - Street (can not be a P.O. Box): 1219 HWY 340

City: WOODLAND State: MS Zip: 39776-9761

County: CHICKASAW Latitude: N 33° 45.492' Longitude: W 089° 07.619'

Facility Telephone: (662) 567-2113 Fax: ()

Contact Cell No.: (662) 567-2113 Other: ()

Contact Email: kbfloyd89@hotmail.com

If Contract operation: Name of Integrator: PRESTAGE FARMS

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input type="checkbox"/> Swine (55 lbs. or over)	_____	_____	<input type="checkbox"/> Dairy Cows	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	<u>7360</u>	<input type="checkbox"/> Heifers	_____	_____
<input type="checkbox"/> Chickens (broilers)	_____	_____	<input type="checkbox"/> Veal Calves	_____	_____
<input type="checkbox"/> Chickens (layers)	_____	_____	<input type="checkbox"/> Other: Specify	_____	_____
<input type="checkbox"/> Cattle (not dairy or veal calves)	_____	_____			

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 3,089 tons or 8,092 gallons
- How many acres of land, under the control of the applicant, are available for land application? 60 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 tons 0 gallons

Handwritten initials/signature

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535



NOV 10 1964

TO : SAC, NEW YORK
FROM : SAC, PHOENIX
SUBJECT: [Illegible]

Re Phoenix teletype to New York dated 10/15/64.
Enclosed for New York are two copies of a letterhead memorandum
dated 10/15/64 and captioned as above. The letterhead memorandum
contains information regarding the activities of [Illegible] in Phoenix,
Arizona, and the results of an investigation conducted by the Phoenix
office on 10/15/64.

Very truly yours,
[Illegible Signature]
Special Agent in Charge

Enclosure
[Illegible]

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>6,797,835</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 4
 Number of proposed houses/barns: 0

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).
 CNMP Development Date: AUG 2018 CNMP Expiration Date: JUL 2023

3. A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. Yes No

Note: The 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 NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.

III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR

No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.

Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

MANUFACTURER'S INFORMATION

Manufacturer Name: R&K

Model Number: 34

Capacity (tons/hour): .33

TYPE OF INCINERATOR

Single Chamber

Multiple Chamber

Other, describe _____

TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: 1

1. Manufacture Date: 1 AUG 13 Latitude: N33° 45' 49.2" Longitude: W088° 07.608'

2. Manufacture Date: _____ Latitude: _____ Longitude: _____

3. Manufacture Date: _____ Latitude: _____ Longitude: _____

IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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.



Signature of Responsible Official

4 FEB 20

Date

KARL P. FLOYD

Name of Responsible Official (Printed or Typed)

PRESIDENT

Title