

AI #388



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



COVERAGE NUMBER: MSG20 0481. 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: Hai and Huy Duong

Facility Name: Hai and Huy Farms, LLC

Mailing Address:

Street or P.O. Box: 6015 Upper Gladding Road

City: Summit State: MS Zip: 39666

Physical Site Address:

Street (can not be a P.O. Box) 6015 Upper Gladding Road

City: Summit State: MS Zip: 39666

County: Amite

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

(For new facilities) Nearest named receiving stream:

Facility Telephone No. (Include Area Code): 601-551-6857

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code):

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: 10

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

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

Appendix A (ACT 2, S-1)

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that the records should be kept in a secure and accessible format. Regular backups are recommended to prevent data loss in the event of a system failure or disaster.

In addition, the document outlines the process for reconciling accounts. This involves comparing the internal records with the bank statements to identify any discrepancies. If a difference is found, it is crucial to investigate the cause immediately to avoid any financial irregularities.

The final section of this part discusses the role of the accounting department in providing accurate financial reports. These reports are essential for management decision-making and for meeting regulatory requirements.

The document concludes by stating that a robust accounting system is fundamental to the success of any business. It encourages the implementation of best practices to ensure the integrity and reliability of the financial data.

By following these guidelines, organizations can effectively manage their finances and maintain a clear and accurate record of their operations.

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): 219,535 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: _____ Expiration Date: _____

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

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530 SOUTH EAST ASIAN AVENUE
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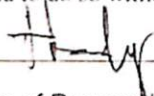
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III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

- 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 DE/PSOI 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 MDLQ 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	12/16/20 _____ Date
HAI DUONG _____ Printed Name	MANAGER _____ Title

