AH 49001



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



COVERAGE NUMBER: MSG20 0.508 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 Recoverage.

Ι.	GENERAL INFORMATION	
A	CONTACT AND FACILITY INFORMATION RECEIVED	
Nam	e of Owner NOV 30 2021	
Facil	PULLETS RUS / RUTS Dept. of Environmental Quality	
Mail	ng Address	
	Street or P.O. Box 252 SCR 49	
	City MT, OLIVE State MS Zip. 39119	
Phys	cal Site Address	
2	Street (can not be a PO Box) 201 SCR 49	
	City. MT. OLIVE State MS Zip 39119	
	County	
	(For new facilities) Latitude (degrees/min/sec) 31° 47' 14,44 ~ Longitude 89° 35' 20.05 W	
	(For new facilities) Nearest named receiving stream BLAICELY CAREIC	
Facili	ty Telephone No (Include Area Code) 601 - 517 - 6320	
Facility Fax No (Include Area Code):		
Conta	ici Celi Phone No (Include Area Code)	
Other	Contact Phone Nutribers (Include Area Code).	
Conta	ct Email	
В.	ACTIVITY TYPE (Check all that apply)	
Existing operation NOT proposing expansion Number of existing houses.		
	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)



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 (18 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 A Yes Integrator Name TYSON		
C TVPE OF PRIVITED		
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 11/8/18 Expiration Date 5677. '23		
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 MDFO 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? Yes - Identify Changes For New Facilities: Manufacturer Name _____ Model Number. Capacity (tons/hour) 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. Signature of Responsible Official DUSTYNE RUTUMO