

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



COVERAGE NUMBER: MSG20 0 8 0 4. 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.

coverage.	
I. GENERAL INFORMATION	RECEIVED
A. CONTACT AND FACILITY INFORMATION	APR 2 6 2022
	Dept. of Environmental Quality
	, Department of Poultry Science
Facility Name: MSU Poultry Science	
Mailing Address:	
Street or P.O. Box: 325 Wise Center	r Drive, mail stop 9665
City: Mississippi State	State: MS Zip: 39762
Physical Site Address:	
Street (can not be a P.O. Box) 350 W	/ood Lot Road
City: Starkville	State: MS Zip: 39759
County: United States	
(For new facilities) Latitude (degrees/min/sec): _	Longitude:
(For new facilities) Nearest named receiving stream	am:
Facility Telephone No. (Include Area Code):	(662)325-3416
Facility Fax No. (Include Area Code):	(662)325-8292
Contact Cell Phone No. (Include Area Code):	(662)694-0386
Other Contact Phone Numbers (Include Area Code):	
Contact Email: jwm133@msstate.edu	
B. ACTIVITY TYPE (Check all that apply)	
Existing operation NOT proposing expansion. Num	nber of existing houses:
Existing operation of an incinerator(s). Number of e	existing incinerator(s):
New or expanding operation. Number of proposed 1	houses: Number of proposed incinerators:

Appendix A (ACT 2, S-1)



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.mdeq.ms.gov

DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS **GENERAL PERMIT MSG20**

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
- 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 link:

https://www.mdeq.ms.gov/permits/environmental-permits-division/generalpermits/

Appendix A (ACT 2, S-1)

DLPNOI INSTRUCTIONS

	INCINERATOR	
	construct and/or operate poultry mortality incin	quipment located at the facility. If at a future date you wish to eration equipment, you must submit an updated DLPNOI by ng and operating poultry mortality incineration equipment without a mits is a violation of state law.
X	Yes, there is mortality incineration equipment l	ocated at the facility. Complete section below:
	MORTALITY INCINERATION EQUIPME	<u>ENT</u>
	or Existing Facilities: as the facility changed the number or type of inci	nerators, or the fuel type burned?
×	No Yes – Identify Changes:	
	or New Facilities: anufacturer Name:	Model Number:
Са	apacity (tons/hour):	Fuel Type:
	 Animal Feeding Operations Multimedia General I For a corporation, by a responsible corporate For a partnership, by a general partner. For a sole proprietorship, by the proprietor. I understand that my nutrient management partnership. 	officer. plan identified Section II. D. expires five years from the date it
	I certify under penalty of law that this documen supervision in accordance with a system design the information submitted. Based on my inquiry directly responsible for gathering the information	t and all attachments were prepared under my direction or ed to assure that qualified personnel properly gathered and evaluated of the person or persons who manage the system, or those persons on, the information submitted is, to the best of my knowledge and that there are significant penalties for submitting false information, ent for knowing violations.
		cribed in the original notice of intent. Also, I certify that I longer authorized to operate activities identified under this general rage is in violation of state law.
	Jonathan Moon	4/13/2022
	Signature of Responsible Official	Date
	Jonathan Moon	Research Coordinator
	Printed Name	Title

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY

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		
For New Facilities: Check type and indicate amount		
☐ Broiler (SIC 0251): ☐ Pullet/Breeder (0252):		
B. <u>CONTRACT INFORMATION</u>		
Is this facility a contract operation? No Yes- Integrator Name: Peco Foods Inc.		
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: we recently built a 32' x 80' litter stacking shed		
For New Facilities: List type of dry litter storage and capacity (tons):		
D. <u>NUTRIENT MANAGEMENT PLAN</u>		
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: Apr 2022 Expiration Date: Mar 2027		
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.		