



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



COVERAGE NUMBER: MSG20 <u>0193</u> \_\_\_\_. 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.

Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Other Contact Phone Numbers (Include Area Code):  Contact Email: jasonj@bayspringstel.net	I. GENERAL IN	FORMATION		REGEIVEN
Name of Owner:  Facility Name:  Jason Jefcoat  Mailing Address:  Street or P.O. Box: 83 Soso Big Creek Rd.  City: Soso State: MS Zip: 39480  Physical Site Address:  Street (can not be a P.O. Box) 97 Soso Big Creek Rd.  City: Soso State: MS Zip: 39480  County: Jones  (For new facilities) Latitude (degrees/min/sec): 31 41 0.54N Longitude: 89 18 3.46W  (For new facilities) Nearest named receiving stream: Mill Creek  Facility Telephone No. (Include Area Code):  Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Contact Email: jasonj@bayspringstel.net  B. ACTIVITY TYPE (Check all that apply)	A. CONTACT ANI	D FACILITY INFORMATION		
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B. ACTIVITY TYPE (Check all that apply)	Other Contact Phone Numbers (Include Area Code):			
	Contact Email : jasonj@bayspringstel.net			
Existing operation NOT proposing expansion. Number of existing houses:	B. ACTIVITY TYPE	PE (Check all that apply)		
Existing operation of an incinerator(s). Number of existing incinerator(s):  X New or expanding operation. Number of proposed houses:  2 Number of proposed incinerators:			· · · · · · · · · · · · · · · · · · ·	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.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 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 link:

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

## 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: Fixing to build 2 new poultry pullet houses
For New Facilities: Check type and indicate amount
☐ Broiler (SIC 0251):
B. CONTRACT INFORMATION
Is this facility a contract operation? No Yes- Integrator Name: Wayne/Sanderson
C. TYPE OF DRY LITTER STORAGE AND CAPACITY
For Existing Facilities: Has the facility changed the litter storage type or the capacity?
X No Yes – Identify Changes:
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: 10/2023 Expiration Date: 9/2028
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.
DEGELVED N SEP 2 J 2023
MDEQ

# III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

construct and/or operate poultry r completing Sections IA, III and I	incineration equipment located at the facility. If at a future date you wish to nortality incineration equipment, you must submit an updated DLPNOI by V. Constructing and operating poultry mortality incineration equipment without a individual permits is a violation of state law.
Yes, there is mortality incineration	n equipment located at the facility. Complete section below:
MORTALITY INCINERATIO	N EQUIPMENT
For Existing Facilities: Has the facility changed the number of	or type of incinerators, or the fuel type burned?
☐ No ☐ Yes – Identify Chang	ges:
For New Facilities: Manufacturer Name:	Model Number:
Capacity (tons/hour):	Fuel Type:
Animal Feeding Operations Multir	cording to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry media General Pollution Control Permit No. MSG20.
<ul> <li>For a corporation, by a responsi</li> <li>For a partnership, by a general</li> </ul>	
For a sole proprietorship, by the solution of the solutio	
was developed and that an upder expiration date.  I certify under penalty of law that supervision in accordance with a the information submitted. Based directly responsible for gathering belief, true, accurate and complet including the possibility of fine a	nanagement plan identified Section II. D. expires five years from the date it ated nutrient management plan must be submitted to MDEQ prior to its this document and all attachments were prepared under my direction or system designed to assure that qualified personnel properly gathered and evaluated on my inquiry of the person or persons who manage the system, or those persons the information, the information submitted is, to the best of my knowledge and e. I am aware that there are significant penalties for submitting false information, and imprisonment for knowing violations.
understand when coverage is term	ontinues as described in the original notice of intent. Also, I certify that I ninated I am no longer authorized to operate activities identified under this general er permit coverage is in violation of state law.
Jose front	9-26-23
Signature of Responsible Office	cial Date
Jason Jefcoat	Owner/Operator
Printed Name	Title