



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



COVERAGE NUMBER: MSG22 2015. 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	<u>J J Farms Inc of Houston MS</u>		Name:
Owner Name:	<u>James E. Blisard</u>		
Mailing Address - Street or P.O. Box:	<u>2845 Highway 9 EAST</u>		
City:	<u>Houston</u>	State:	<u>MS</u>
Physical Site Address - Street (can not be a P.O. Box):	<u>1001 C.R. 166</u>		
City:	<u>Houston</u>	State:	<u>MS</u>
County:	<u>Chickasaw</u>	Latitude:	<u>38.847612</u>
Longitude:	<u>33.855131</u>		
Facility Telephone:	<u>(662) 542 - 9559</u>	Fax:	<u>( )</u>
Contact Cell No.:	<u>(662) 542 - 9559</u>	Other:	<u>( )</u>

## 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 checked="" type="checkbox"/> Swine (55 lbs. or over)		<u>1240</u>	<input type="checkbox"/> Dairy Cows		
<input type="checkbox"/> Swine (under 55 lbs.)			<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

1. How much manure, litter, and wastewater is generated annually by the facility? 10 690 tons or 318353 gallons
2. How many acres of land, under the control of the applicant, are available for land application? 254 acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? None tons        gallons

## 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	13 995 818	<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: 8  
Number of proposed houses/barns: \_\_\_\_\_

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

CNMP Development Date: In progress CNMP Expiration Date: \_\_\_\_\_

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: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

### 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. Manufacture Date: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
2. Manufacture Date: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
3. Manufacture Date: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## VII. INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED

During the past 12 months have there been any instances of noncompliance which have not been reported to the permitting authority?  Yes  No If yes, please provide the information requested below.

If during the past 12 months there been instances of noncompliance which have not been reported to the permitting authority please provide the following information, for each instance, along with this annual report:

- Description of the noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where the noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this 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 intend to continue operating this facility and wish to seek coverage once the general permit is reissued.

Signature: James E. Blissard Date: 1/19/2026

Print Name: JAMES E. BLISSARD

Submit by: Due annually by the 28<sup>th</sup> of January. First report is due January 28, 2023.

Submit to: Chief, Environmental Permits Division

MS Dept. of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

## NPDES CAFO PERMIT ANNUAL REPORT

NPDES Permit Number: <u>220015</u>	Reporting period (mm/dd/yyyy - mm/dd/yyyy): <u>1/1/2025</u> <u>1/19/2026</u>
AI#:	

Facility Name:

J.J. Farrow Inc. of Webster Inc.

### I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lb. or more)	<u>7040</u>	<u>7040</u>
Swine (under 55 lb.)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other: (specify):		

### II. MANURE, LITTER, AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility in the 12-month period covered by this report.

- A. Amount of manure generated in the 12-month period covered by this report. 10640 tons
- B. Amount of litter generated in the 12-month period covered by this report. \_\_\_\_\_ tons
- C. Amount of process wastewater generated in the 12-month period covered by this report. 3183630 gallons

### III. MANURE, LITTER, AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons in the 12-month period covered by this report.

- A. Amount of manure transferred in the 12-month period covered by this report. 110 tons
- B. Amount of litter transferred in the 12-month period covered by this report. 100 tons
- C. Amount of process wastewater transferred in the 12-month period covered by this report. 100 gallons

### IV. LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER

- A. Report the total number of acres of land that are covered by this facility's nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

Total number of land application acres covered by the nutrient management plan 159 acres

- B. Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.

Total number of acres under the control of the CAFO used for land application in the 12-month period covered by this report 259 acres

### V. SUMMARY OF DISCHARGES

Provide a summary of each discharge of manure, litter, and/or process wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.

Date <sup>a</sup>	Time <sup>b</sup>	Location <sup>c,f</sup>	Description <sup>d,f</sup>	Volume <sup>e</sup>

<sup>a</sup> Date: The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.

<sup>b</sup> Time: The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.

<sup>c</sup> Location: The location of the discharge to waters of the U.S. Be specific. Include the name of the water body, and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).

<sup>d</sup> Description: Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).

<sup>e</sup> Volume: Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged.

<sup>f</sup> This information is not required by the NPDES CAFO regulations to be included in the annual report.

### VI. NUTRIENT MANAGEMENT PLAN

Indicate whether the facility's nutrient management plan was either developed or approved by a certified nutrient management planner. Note: The MDEQ does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve nutrient management plans.

Was the current version of this facility's nutrient management plan prepared or approved by a certified nutrient management planner?  Yes  No

*In progress*

#### 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

1/19/2026  
Date

Dane  
Name of Responsible Official (Printed or Typed)

Deevar  
Title

January 19, 2026

Out of date CNMP and expired permit found during Joby Allen's inspection. New CNMP is in development. CAFO NOI is being submitted for permit renewal.

I was not aware that the permit had expired. To my knowledge no notification of the upcoming renewal was ever received by mail. This was not intentional and will never happen again. Since the beginning of this operation in 1999, this is the first time I have been out of compliance and I will work very hard to make sure it is the last. There have been no changes in the operation of the farm since it was established. Thank you for your cooperation and understanding.

James E Blissard

J & J Farms Inc. of Houston MS

Permit number MSG22 0015