

A#10760



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



COVERAGE NUMBER: MSG20 1 6 5 5. 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.

RECEIVED
JUN 12 2026

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: HAM FARM, LLC. - JACOB HAM **MDEQ**

Facility Name: HAM FARM, LLC.

Mailing Address:
Street or P.O. Box: 50 CARSON LANE

City: COLUMBIA State: MS Zip: 39429

Physical Site Address:
Street (can not be a P.O. Box) 50 CARSON LANE

City: COLUMBIA State: MS Zip: 39429

County: MARION

(For new facilities) Latitude (degrees/min/sec): 31D 14' 39.8" N Longitude: 89D 41' 7.2" W

(For new facilities) Nearest named receiving stream: COOK CREEK

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-307-4885

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : JHAMFARM@GMAIL.COM

B. 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: 2 Number of proposed incinerators: 0

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: CONSTRUCTION OF 2 NEW PULLET HOUSES. TOTAL CAPACITY FOLLOWING EXPANSION WILL BE 110,000 PULLETS

For New Facilities:

Check type and indicate amount

Broiler (SIC 0251): _____ Pullet/Breeder (0252): _____

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?

No Yes – Identify Changes: CONSTRUCTION OF TWO PULLET HOUSES. TOTAL STORAGE CAPACITY FOLLOWING CONSTRUCTION WILL BE 2,314 TONS

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: MAY 2026 Expiration Date: APRIL 2031

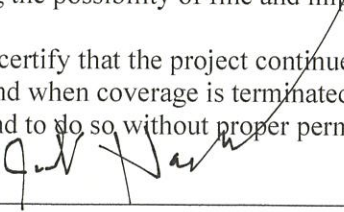
The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

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:

<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

<p>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.</p> <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. 	
<p>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.</p> <p>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.</p> <p>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.</p>	
<p style="text-align: center;">  _____ <i>Signature of Responsible Official</i> </p>	<p style="text-align: center;"> 5-20-2026 _____ <i>Date</i> </p>
<p style="text-align: center;"> Jacob Ham _____ <i>Printed Name</i> </p>	<p style="text-align: center;"> Farm owner/manager _____ <i>Title</i> </p>

Contiguous Landowner Notification of a Dry Litter Poultry Animal Feeding Operation Facility

(See ACT 2, Condition S-2)

CERTIFIED MAIL NO.: _____
JACOB HAM

Date mailed: _____

N/A

Company Name as Identified by MDEQ (please print)

Coverage No. (if currently permitted)

located at **50 CARSON LANE, COLUMBIA**

MS **MARION**

Physical Street Address, City

State County

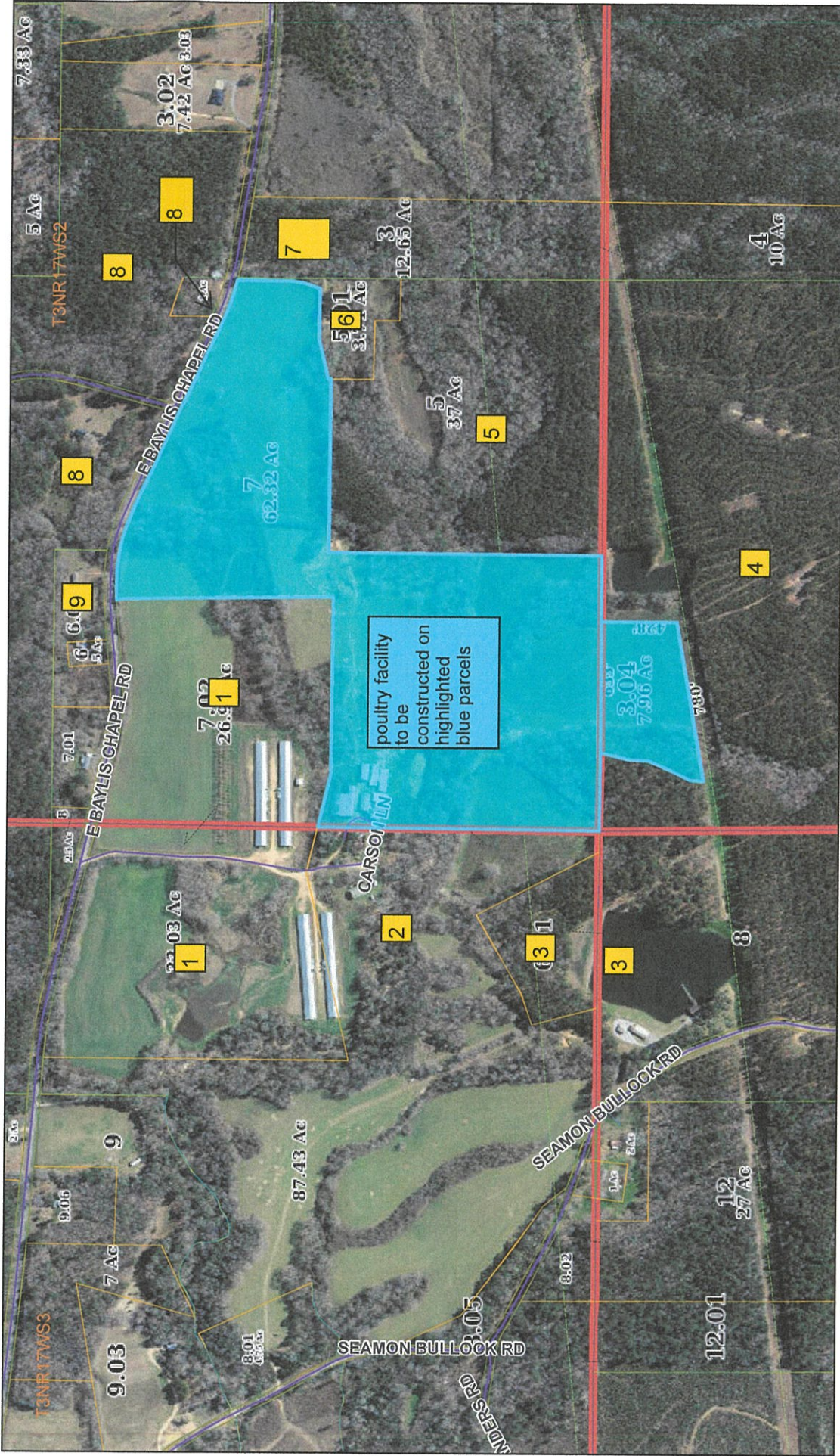
is proposing to construct and operate a Dry Litter Poultry Animal Feeding Operation (to construct and operate poultry/chicken house(s)). This poultry facility has 4 existing house(s); the applicant proposes to build 2 new house(s). If permitted, the operation of the poultry house(s) will involve the management of dry animal waste and may involve the operation of an incinerator. The operation shall **NOT** have a discharge of process wastewater or contaminated stormwater. The Natural Resource Conservation Service (NRCS) will develop a Comprehensive Nutrient Management Plan (CNMP) to address the management of the animal waste. The CNMP will become an enforceable part of the permit along with other conditions which will allow the facility to operate within all state and federal environmental laws and regulations. The permit can be found at the following link: <https://www.mdeq.ms.gov/dlpgp/>

This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding environmental concerns about the project. MDEQ only has legal authority to consider environmental issues specified in the applicable laws and regulations. MDEQ does not have legal authority to consider matters outside of its jurisdiction; thus, comments regarding zoning or other non-environmental related comments should be directed to the local zoning and planning authorities.

If you do not have environmental comments regarding the proposed project, then no response is necessary and the permitting process will continue. If you have environmental comments regarding the proposed project, please notify MDEQ in writing within thirty (30) days from the postmarked date of this notification or by the end of the MDEQ 10-day online notification period, whichever is later. The online notification of the project can be found at the following link: <https://www.mdeq.ms.gov/ensearch/general-permit-notice-of-intents>. When making written comment, please reference the proposed project using the information above and provide your contact phone number and address. If you would like to request records or discuss concerns that you have regarding this project, please feel free to contact MDEQ at (601) 961- 5171. Comments are to be mailed to the following address:

Chief, Environmental Permits Division
Mississippi Department of Environmental
Quality P. O. Box 2261
Jackson, Mississippi 39225-2261

Marion County, MS



4/24/2026, 6:52:42 AM

- MiscellaneousLine
- Dashed Landhook
- Landhook
- Transmission Line
- ROAD_CENTERLINE
- Tax Boundary
- County ROW
- Parcel
- Quarter Quarter Section
- Quarter Section
- Section
- Water Property
- NonBoundary Line
- Section
- TaxParcel
- PLSS_Township
- PLSS_Section
- marion_ms_subd400
- marion_ms_subd200
- marion_ms_subd100
- marion_ms_anno400
- marion_ms_anno200
- marion_ms_anno100

Neighboring Landowner List

Map ID	Owner Name	Address	City	State	ZIP
1, 2, 5	HAM JACOB ETUX LEIGH ANNE*	50 CARSON LN	COLUMBIA	MS	39429
3, 4	BULLOCK OTTIS R ETAL TRUSTEES, BULLOCK FAMILY REVOCABLE TRUST	175 SEAMON BULLOCK RD	COLUMBIA	MS	39429
6	BUCKLEY REUBEN ERNEST	398 E BAYLIS CHAPEL RD	COLUMBIA	MS	39429
7, 8	GROTEFEND KATHRYN B ETAL	7977 BAYSHORE DR	ELBERTA	AL	36530
9	GOINGS BRIAN LIQUORI ETUX DESMINE J Marion County District 1 Supervisor	267 JONES ROAD 215 Broad Street	FOXWORTH COLUMBIA	MS MS	39483 39429

Source:<http://www.mariongis.com/>

* owner of poultry facility, notification not needed



June 8, 2026

Dear Jake Ham:

The following is in response to your request for proof of delivery on your item with the tracking number:
9589 0710 5270 1852 9068 51.

Item Details

Status:	We regret to inform you that we were unable to locate any delivery information in our records for your item.
Status Date / Time:	N/A
Location:	N/A
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™

Shipment Details

Weight:	1.0oz
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Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004



June 8, 2026

Dear Jake Ham:

The following is in response to your request for proof of delivery on your item with the tracking number:
9589 0710 5270 1852 9068 20.

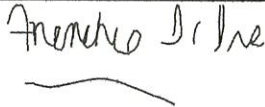
Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	April 30, 2026, 8:39 am
Location:	COLUMBIA, MS 39429
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™

Shipment Details

Weight:	1.0oz
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Recipient Signature

Signature of Recipient:	
Address of Recipient:	215 BROAD ST, COLUMBIA, MS 39429

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004