



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

COVERAGE NUMBER: MSG20 2220. For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Glynn Barker

Facility Name: Triple B Farms

Mailing Address:

Street or P.O. Box: 1731 Estes Rd.

City: Louisville State: MS Zip: 39339

Physical Site Address:

Street (can not be a P.O. Box) 1731 Estes Rd.

City: Louisville State: MS Zip: 39339

County: Winston

(For new facilities) Latitude (degrees/min/sec): 33d 05' 11.6" N Longitude: 89d 02' 02.8" W

(For new facilities) Nearest named receiving stream: Hughes Creek

Facility Telephone No. (Include Area Code):

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code): 601-416-8258

Other Contact Phone Numbers (Include Area Code):

Contact Email : rev.glynn\_barker@hoo.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: \_\_\_\_\_

#### For New Facilities:

Check type and indicate amount

Broiler (SIC 0251): \_\_\_\_\_       Pullet/Breeder (0252): **23,000**

### B. CONTRACT INFORMATION

Is this facility a contract operation?       No       Yes- Integrator Name: **Peco**

### 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): **Breeder houses & Litter Storage Shed: 1,177 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: **June, 2026**      Expiration Date: **May, 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:

#### MORTALITY INCINERATION EQUIPMENT

**For Existing Facilities:**

Has the facility changed the number or type of incinerators, or the fuel type burned?

No       Yes – Identify Changes: \_\_\_\_\_

**For New Facilities:**

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

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

### 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.

*Glyn Basker*  
Signature of Responsible Official

6-11-26  
Date

Glyn Basker  
Printed Name

owner  
Title

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

(See ACT 2, Condition S-2)

CERTIFIED MAIL NO.: \_\_\_\_\_

Date mailed: \_\_\_\_\_

**Glynn Barker**

\_\_\_\_\_  
*Company Name as Identified by MDEQ (please print)*

\_\_\_\_\_  
*Coverage No. (if currently permitted)*

located at **1731 Estes Rd. Louisville**

\_\_\_\_\_  
*Physical Street Address, City*

**MS**

\_\_\_\_\_  
*State*

**Winston**

\_\_\_\_\_  
*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 0 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/>

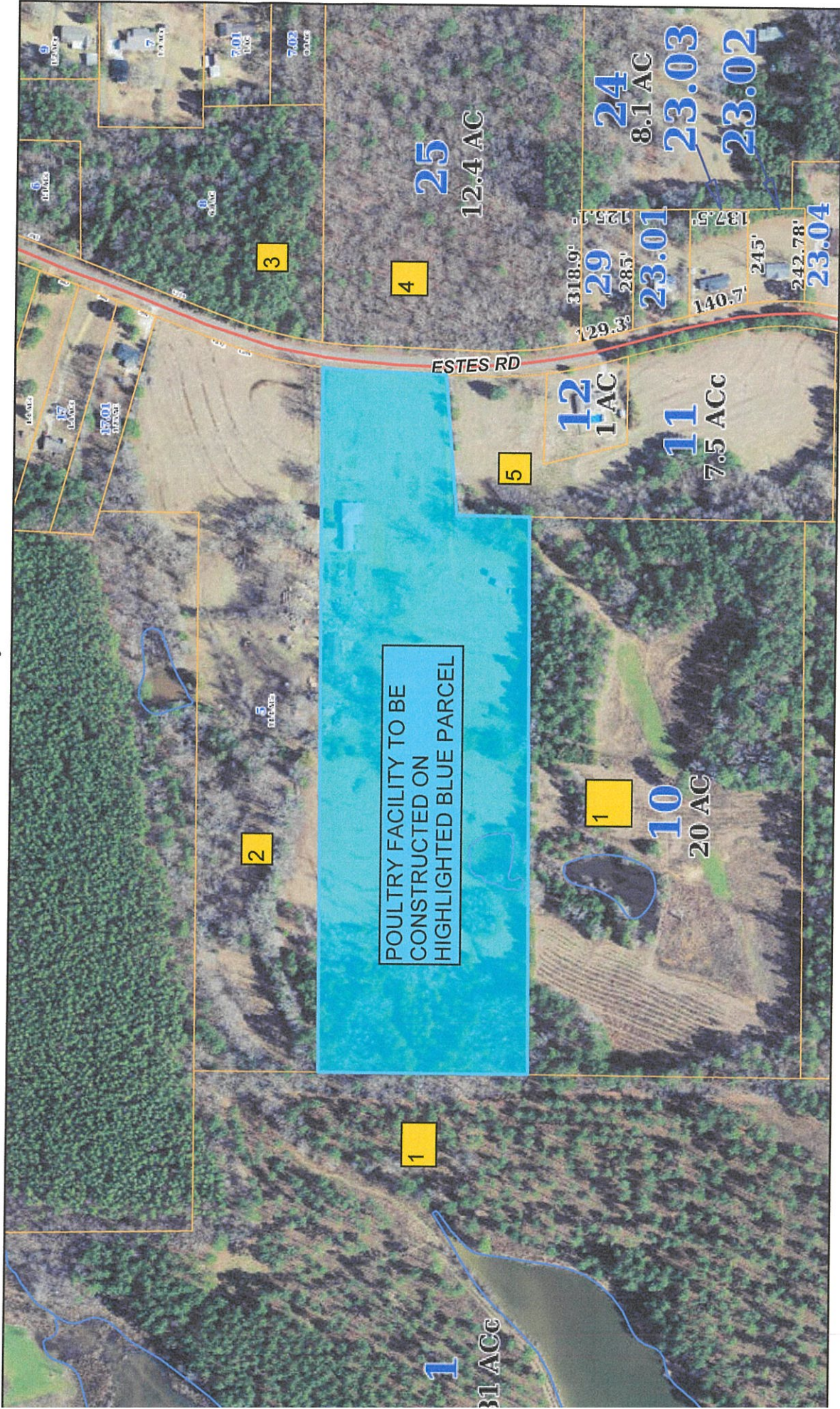
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This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding environmental concerns about the project. MDEQ only has legal authority to consider environmental issues specified in the applicable 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

# Winston County, MS



2026, 2:50:52 PM

- Winston Roads
- LEADER\_LN
- WATER\_LN
- Parcels
- winston\_ms\_water
- winston\_ms\_twprmg
- winston\_ms\_subdbl

- winston\_ms\_secno
- winston\_ms\_rname
- winston\_ms\_refxt
- winston\_ms\_rlname
- winston\_ms\_parcelno
- winston\_ms\_citylim
- winston\_ms\_misc
- winston\_ms\_lotho
- winston\_ms\_exempt
- winston\_ms\_dim
- winston\_ms\_dim
- winston\_ms\_ac
- winston\_ms\_ac
- winston\_ms\_dim
- Anno

MAP ID	OWNERNAME	ADDRESS2	CITY	STATE	ZIP
1	FAIR JOHN S JR	P O BOX 787	LOUISVILLE	MS	39339
2	BARKER JAMES G ETUX KRISTY L *	1731 ESTES ROAD	LOUISVILLE	MS	39339
3	BRADEEN JOHN THOMAS ETUX	8551 ENON RD	LOUISVILLE	MS	39339
4	CLIFTON DANNY R DR ETUX	395 W COLLEGE ST	LOUISVILLE	MS	39339
5	SMITH PAMELA W	1605 ESTES RD	LOUISVILLE	MS	39339
	WINSTON COUNTY DISTRICT 5 SUPERVISOR CHARLIE WILKES	P.O. Box 69	LOUISVILLE	MS	39339

\* POULTRY FACILITY OWNER, NOTIFICATION NOT NEEDED

SOURCE: <https://agdonline.maps.arcgis.com/apps/webappviewer/index.html?id=c73a17db351c4f3a82a6744dcc4d3389>