AI#17409 nP20050001



Mississippi Department of Environmental Quality

Office of Pollution Control - Environmental Permits Division
POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 ** FCEIVEL

www.deq.state.ms.us



NOTICE OF INTENT (NOP) CO OF PORTUGUES OF FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150325

(Number to be assigned by State)

INSTRUCTIONS

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

- A NUTRIENT MANAGEMENT PLAN
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

USGS QUAD MAPS SUBMITTED MUST EXTEND AT LEAST ONE MILE BEYOND THE PROPERTY BOUNDARIES OF THE FACILITY AND MUST CLEARLY SHOW ALL SPRINGS AND SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN 1/4 MILE OF THE FACILITY. ADDITIONALLY, ALL PUBLIC DRINKING WELLS WITHIN ONE MILE OF THE FACILITY MUST BE IDENTIFIED.

THE SITE DRAWING MUST SHOW THE PROPERTY BOUNDARIES AND MUST INDICATE THE APPROXIMATE LOCATION OF EACH EXISTING AND PROPOSED STRUCTURE (HOUSE, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

SUBMIT AT LEAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, ENVIRONMENTAL PERMITS DIVISION, MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY, P.O. BOX 10385, JACKSON, MISSISSIPPI 39289-0385.

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED. ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY, ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: David Holbrook	
Facility Name: Holbrook Poultry Farm	
Mailing Address: Street or P.O. Box: 105 Marion Ainsworth Rd.	
City: Laurel	State: Ms. Zip: 39443
Physical Site Address: (If the physical address is not a intersection.) Street (can not be a P.O. Box) 105 Marion Ainsw	
City: Laurel	State: Ms. Zip: 39443
County: Wayne	
Latitude (degrees/min/sec): N 31 43' 52.6"	
Longitude (degrees/min/sec): W 088 56' 14.3"	
Nearest named receiving stream: Mill Creek	
Facility Telephone No. (Include Area Code):	(601)649-1072
Facility Fax No. (Include Area Code):	N/A
Facility Cell Phone No. (Include Area Code):	(601)755-0088
Other Contact Phone Numbers (Include Area Code):	N/A
TYPES OF A	CTIVITY
Check all that apply:	
New dry litter poultry operation	
Proposed dry litter poultry operation	
Construction and/or operation of an incinerator	
New or expanding operations that will require const	ruction activities disturbing one acre or more

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 185,000 Layers (SIC 0252): TOTAL AMOUNT: 185,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT Check all that apply and indicate total days of storage and	Check any of the following to control runoff and professor	lage land
Type of Storage	Total Number of Days	Total Capacity (tons)
☐ Roofed Storage Shed		
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify		
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishmall adjoining property lines? Are all incinerators at least 150 feet from the nelight commercial buildings not owned by the approper wavier must be completed by all affected proper Notary Public. A copy of the Dry Litter Buffer 2 http://www.deq.state.ms.us/MDEQ.nsf/page/epoor call (601) 961-5171.	nents not owned by the applicant No, attach wavier arest residential or recreational plicant? Yes 1 as then attach a completed Poult try owners and notarized by a Stone Waiver can be found at	area, all dwellings, and all No, attach wavier ry Buffer Zone Waiver. The tate of Mississippi appointed
Is this facility a contract operation? Yes	□ No	
If yes, what is the name and address of the integ	rator?	
Name: Sandersonson Farms	Address: 225 N. 13th. Ave. Laur	rel, Ms. 39440

within ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must be identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.
Attach a site drawing showing the property boundaries and must indicate the approximate location of each existing and proposed structure (house, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.
NUTRIENT MANAGEMENT PLAN Answer the following
Has a nutrient management plan been developed? Yes No If yes, when was the nutrient management plan submitted? Date: 09/05 If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility? Yes No The date of the last revision of the nutrient management plan. Date: 09/02
The date of the last revision of the nutrient management plan. Date: 09/02 What is the estimated amount of litter generated per year? 1,976 Total acreage needed for land application: 322 ac. Total acreage available for land application: 0 Will a third party remove litter off site? Yes No
If yes, how much litter will be transferred to other persons per year? 1,976 tons/year If not land applying, describe alternative use(s) of the litter:

ATTACHMENTS

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

Check this box if this section does not apply		
NOTE : Coverage for construction and/or operation of have previously submitted approved stack test. For a li file please visit http://www.deq.state.ms.us/MDEQ.nsf/ or call (601) 961-5171.	st of incinerators that have approved stack tests on	
Carcasses generated at facilities other than the one iden under this coverage. Only chicken carcasses generated materials such as leaves, trash, and construction debris,	on site are permitted for incineration. All other	
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR	
Manufacturer Name: National Incinerator	Single chamber	
Model Number: Destructor		
	Multiple chamber	
Capacity (tons/hour): 500 #/day	Other, describe	
TOTAL NUMBER OF INCINERATORS AND THI Total number of incinerators on site: Please provide the manufacture date for each incinerator where installed on site in degrees, minutes, and seconds Date(s): Latitude: Latitude: Latitude: Latitude:	r and indicate the latitude and longitude coordinates 31 43' 52.6" Longitude: Longitude: Longitude:	
FUEL TYPE AND INCINERATOR TEMPERATURE	RE RANGE	
Fuel Type: LP		
If fuel oil is burned, what is the sulfur content of the oil	? <u>n/a</u> %	
Incinerator operating temperature range 1064	°F	

Check this box if this section does not apply

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Army Corps of Engineers regulatory branch for possible permitting requirements. If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.

Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

PROJECT INFORMATION	
Total acreages that will be disturbed: 7	
Description of the construction activity: service road around houses.	Grading and shaping, construction of (4) chicken house pads (44'x500') and
Nearest named receiving stream: Mill Cre Are there recreational streams, private/puthat may be impacted by the construction	ablic ponds or lakes within ½ mile downstream of project boundary
Soil Characteristics: Fine sandy loam	
found under "SWPPP Details" on pa Permit to Construct/Operate Air Em	vention Plan (SWPPP) that includes the minimum components ages 38 through 43 of the Multimedia General Pollution Control vission Equipment and/or Manage Manure and Discharge Storm and Pollution Discharge Elimination System.

V. CERTIFICATION

Note: This application shall be signed according to the General Permit, page 3, 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 certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Hollwood	08/18/05	
Signature of Responsible Official Owner-Operator	Date	
Title		