

GENERAL NPDES PERMIT NUMBER MSG150351

(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 ¼ 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:

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CONTACT AND FACILI	TY INFORMATION
Name of Owner: Brandon + Leah Facility Name: Brandon + Loah A	Kirkland Kirklan farm
Mailing Address:	
Street or P.O. Box: 435 GR 15-37	
City: Bay Springs	State: MS Zip: 39422
Physical Site Address: (If the physical address is not avaintersection.)	
Street (can not be a P.O. Box) Same	
City:	_ State: Zip:
County:	_
Latitude (degrees/min/sec): 32:06:6.6	78 N
Longitude (degrees/min/sec): _89:12:44	0.057 W
Nearest named receiving stream:	
Facility Telephone No. (Include Area Code):	601764 2859
Facility Fax No. (Include Area Code):	
Facility Cell Phone No. (Include Area Code):	
Other Contact Phone Numbers (Include Area Code):	

TYPES OF ACTIVITY

Check all that ap	oply:
New dry litt	ter poultry operation
Proposed dr	y litter poultry operation
Construction	n and/or operation of an incinerator
New or expa	anding operations that will require construction 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	BEST MANAGEMENT PRACTICES (BMP) Check any of the following BMPs that will be implemented to control runoff and protect water quality
Boilers (SIC 0251): 96,000	Buffers
Layers (SIC 0252):	Setbacks Conservation tillage
TOTAL AMOUNT: 96,000	Constructed wetland
Housed under roof Open confinement	Grass filter Terrace

TYPES OF DRY LITTER CONTAINMENT, STORAGE, AND CAPACITY Check all that apply and indicate total days of storage and their capacity in tons			
Type of Storage	Total Number of Days	Total Capacity (tons)	
Roofed Storage Shed	315	1118	
Concrete Pad		1	
Impervious Soil Pad			
Other: Specify Clay Srave	١		

SITING CRITERIA

Are all poultry houses, that have	e been con	structed or en	nlarged aft	er February	24, 1	1994. a	t least 6	00 fee	t from
all occupied dwellings or comm	nercial esta	blishments n	ot owned l	by the appli	cant a	and at I	east 150) feet	from
all adjoining property lines?	Yes	No	o, attach w	avier					

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Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? Yes No, attach wavier

NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed Notary Public. A copy of the Dry Litter Buffer Zone Waiver can be found at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

CONTRACT INFOMATION			
Is this facility a contract operation?	Pres	□ No	
If yes, what is the name and address of	f the integrato	or?	
Name: PECO	A	Address: Bay Spring 5	

ATTACHMENTS

- Attach an USGS quad map or copy that extends at least one mile beyond the property boundaries of the facility and clearly show all springs and surface water bodies in the area, plus all drinking water wells 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 MAN Answer the following	AGEMENT PLAN
Has a nutrient mana	agement plan been developed? 🖌 Yes 🗌 No
If yes, when w	as the nutrient management plan submitted? Date: $3 - 10 - 06$
If no, when wil	I the nutrient management plan be developed? Date: $3 - 21 - 06$
Is a nutrient manage	ement plan already being implemented for the facility?
The date of the last	revision of the nutrient management plan. Date: New Plan
What is the estimate	ed amount of litter generated per year?tons/year
Total acreage neede	d for land application:
Total acreage availa	ble for land application:
Will a third party re	move litter off site? 🖉 Yes 🗌 No
If yes, how muc	ch litter will be transferred to other persons per year? _/// & tons/year
If not land applying,	describe alternative use(s) of the litter:

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

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.

PROJECT INFORMATION

Total acreages that will be disturbed:

Description of the construction activity:

Nearest named receiving stream:

Are there recreational streams, private/public ponds or	lakes within 1/2	2 mile downstream of project boundary
that may be impacted by the construction activity?	Yes	No No

Soil Characteristics:

Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under "SWPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System.

IV. CERTIFICATION

Title

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.

Signatu

3-21-06