AT#23869 Gn P20060001



Mississippi Department of Environmental Quality

Office of Pollution Control - Environmental Permits Distor POST OFFICE BOX 10385 • JACKSON, MS 3978940385 MAY

TEL: (601) 961-5171 • FAX: (601) 354-6612 www.deq.state.ms.us

NOTICE OF INTENT (NOI) MOEO FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS**

GENERAL NPDES PERMIT NUMBER MSG150365

(Number to be assigned by State)

INSTRUCTIONS APPER ANTEMESTERS THE OWNER AND OR OPERATOR OF THE PROPERTY ASSOCIATE A STEERIENGEN ANIAGEMENTAPLAN A USGS OF AD WAPOR A COPY SHOWING THE WILL COMMON A SHIEIDRAWING P A STORMAN AT PROPERTY ON BRIGHTHINGS PLANTS WEEP, HE RETURN IS TO BE GNSTRECTION WORK TO PARENCE ONE AGREDITY MORE SCS OF A DAMARY SUBMITTED WHIST IS STEAD AT LEAST ON ENTER BENOND THE IN BOUNDERIES OF THE ACTUAL AND MEST CLIT WILLY SHOW ALL SHOW AS SURFACE WATER BOIDIES IN THE AREA, BULS ALL DRINKING WATER WHILL SWITCHE MILE OF THE PACIETY MUST BE DIN THEID. HHE STOTE DE ANTING MUSIES WEW THE EPROPERTY BOT EDARTES AND MUSIC ADE THE THE APPROXIMANT FOR AUTONOME LACTURALISTING AND PROPOSIDO STRUCTURE INCUSSES. NONTRATORIDIAD BOX, I AND APPLICATION FIDED, COMPOSTING AREA, ETC. . THE STIFF OF AUTHORIZE INCIDENCE ACOMPANY DIRECTION INFLADER. SUBMIT AND PAST SUDDAYS PRIOR TO COMPINICIEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, EXVIRONMENT A PLANNES DIVISION, MISSISSEPE DEPARTMENT OF EXMINORMENTAL ALL TY, HO. BOX 10385 JACKSON, MISSISSIRPH 9289-03 ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED APPLICATIONS ON THIS FORMANIUS THE ANSWERED HE AN INTEMIDIOL SIXOU APPLICABLE, TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION Name of Owner: Billy PDAVIDSON Facility Name: Mailing Address: Street or P.O. Box: 3643 Pine Grave Pd. City: UNion State: M. S Zip: 39365 Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.) Street (can not be a P.O. Box) Pine Grove Rd City: Union State: MS Zip: 39365 County: Leake Latitude (degrees/min/sec): Longitude (degrees/min/sec): Nearest named receiving stream: 601-625-8021 Facility Telephone No. (Include Area Code): 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 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 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 Boilers (SIC 0251): /27,000 Flow Layers (SIC 0252): TOTAL AMOUNT: 889,000 yr Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and to	Check any of the follow to control runoff and provided by the control runoff and provided by the constructed well and the	llage etland i
Type of Storage	Total Number of Days	Total Capacity (tons)
Roofed Storage Shed	180 days	201
Concrete Pad	,	
☐ Impervious Soil Pad		
Other: Specify		
Are all poultry houses, that have been constructed all occupied dwellings or commercial establishment all adjoining property lines? Are all incinerators at least 150 feet from the neared light commercial buildings not owned by the application of these questions to wavier must be completed by all affected property Notary Public. A copy of the Dry Litter Buffer Zon http://www.deq.state.ms.us/MDEQ.nsf/page/epd_Apr call (601) 961-5171.	nts not owned by the applicant No, attach wavier est residential or recreational a cant? Yes 1 hen attach a completed Poultr owners and notarized by a Stree Waiver can be found at	area, all dwellings, and all No, attach wavier ry Buffer Zone Waiver. The ate of Mississippi appointed
s this facility a contract operation? Yes Yes, what is the name and address of the integrator	or?	1.00 <17
Name: Tyson Foods A	Address: 302 Clabs	36074

ATTACHMENTS	
Attach an USGS quad map or copy that extends at least one mile beyond the proper facility and clearly show all springs and surface water bodies in the area, plus all dr within ¼ mile of the facility. Additionally, all public drinking wells within one mil must be identified. Quad maps can be obtained from MDEQ Office of Geology at	inking water wells le of the facility
Attach a site drawing showing the property boundaries and must indicate the approximate each existing and proposed structure (house, incinerator, dead box, land application area, etc). The site drawing must include a compass direction header.	
NUTRIENT MANAGEMENT PLAN Answer the following	on.u
Has a nutrient management plan been developed?	
If yes, when was the nutrient management plan submitted? Date: _/b-4-0	04_
If no, when will the nutrient management plan be developed? Date:	
Is a nutrient management plan already being implemented for the facility? Yes The date of the last revision of the nutrient management plan. Date: 5/3/06	□ No
What is the estimated amount of litter generated per year? tons/	year
Total acreage needed for land application:	
Total acreage available for land application:	
Will a third party remove litter off site? Yes No	
If yes, how much litter will be transferred to other persons per year? 135	tons/year
f not land applying, describe alternative use(s) of the litter:	
off site when a total cleanant is performed. The site was a total cleanant in performed.	Le londouser

* Note: POULTRY HOUSE SIZES

2 HOUSES -> 40' x 400'
1 HOUSE -> 40' x 375'
2 HOUSES -> 42' x 500'

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 poultry monality incidentaries is for incident on that have approved and tests on the please visit that wave decreases in MDFO and parengly. According to the have approved and tests on the please visit that wave decreases in MDFO and parengly. According to the EDFO and the provided (60) violated at another than the one demanded in this NOI are not permitted to the enterior independent that the coverage. Only chiefen careasses generated on site are permitted for incidentally and construction debris, are sirely forbidded.

MANUFACTURER'S INFORMATION	ON T	TYPE OF INCINERATOR	
Manufacturer Name:		☐ Single chamber ☐ Multiple chamber ☐ Other, describe	
Model Number:			
Capacity (tons/hour):			
Total number of incinerators on site:			
Please provide the manufacture date for ewhere installed on site in degrees, minute Date(s):	es, and seconds. Latitude: Latitude: Latitude:	Longitude:	-
Where installed on site in degrees, minute Date(s):	es, and seconds. Latitude: Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude: Longitude: Longitude:	-
where installed on site in degrees, minute Date(s):	es, and seconds. Latitude: Latitude: Latitude: Latitude: Latitude: EMPERATURE RAI	Longitude: Longitude: Longitude: Longitude: Longitude:	-

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE Check this box if this section does not apply

NOTE: If the project is reconting, filling, or crossing a water conveyence 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 and local stain water ordinance with which the project must comply and submit any documentation of approxim.

PROJECT INFORMATION
Total acreages that will be disturbed:
Description of the construction activity: Changing Pads From 32' x 500' to 42' x 500' - Reshaping
Nearest named receiving stream: _ Simmons Creek
Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary that may be impacted by the construction activity? Yes No
Soil Characteristics: Ora Fine Sandy Loan 5+08 Percent Slopes, Eroded
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.

V. CERTIFICATION

Note: This application shall be signed according to the Gers at Plania, page 3, as follows:

- For a comparation, by a responsible comparate officer.
- c. For a partnership, by a general partner.
- c For a sole proportion ship, by the proportion.

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.

Signature of Responsible Official

4-13-06 Date

Title