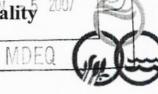
AT#34885 CMP20010001



Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612

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NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG15040 3

(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.

<u>ALL QUESTIONS MUST BE ANSWERED.</u> 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:	raig Blackledge					
Facility Name:	Facility Name: Craig Blackledge Farms					
Mailing Address:						
Street or P.O. Box: 268 Charlie Green Rd.						
City: Laurel		_ State: _	Ms.	Zip:	39443	
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) 5 Cleve Blackledge Rd.						
City: Laurel		State: N	As.	Zip:	39443	
County: Wa	yne	_				
Latitude (degr	rees/min/sec): N31* 41' 08.8"					
Longitude (de	grees/min/sec): W088* 57' 12.1"					
Nearest named receiving stream: Mill Creek						
Facility Telephone No. (Include Area Code):		(601)426-	-2000			
Facility Fax No. (Include Area Code):		n/a				
Facility Cell Phone No. (Include Area Code):		(601)319-1930				
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): 146,500 Layers (SIC 0252): 146,500 TOTAL AMOUNT: 146,500 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT Check all that apply and indicate total days of storage and					
Type of Storage	Total Number of Days	Total Capacity (tons)			
▼ Roofed Storage Shed	120 Days	360 tons-1/3 of tons per year			
Concrete Pad					
☐ Impervious Soil Pad					
Other: Specify					
Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? Yes No, attach wavier 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? ✓ Yes ☐ No					
If yes, what is the name and address of the integrator?					
Name: Peco Foods Address: P.O. Box 1320 Bay Springs, Ms. 39422					

V	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.					
Ø	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.					
	TRIENT MANAGEMENT PLAN ver the following					
	a nutrient management plan been developed? ✓ Yes No					
	If yes, when was the nutrient management plan submitted? Date: 5/07					
	If no, when will the nutrient management plan be developed? Date:					
Is a 1	nutrient management plan already being implemented for the facility?					
The	date of the last revision of the nutrient management plan. Date: 5/07					
Wha	t is the estimated amount of litter generated per year? 1033 tons/year					
Total	l acreage needed for land application: 91.6					
Total	l acreage available for land application: 92.5					
Will	a third party remove litter off site?					
]	If yes, how much litter will be transferred to other persons per year? tons/year					
If not	t land applying, describe alternative use(s) of the litter:					
	n/a					

ATTACHMENTS

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

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 liftle 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 of Boaz	✓ Single chamber		
Model Number: Desstrutor	☐ Multiple chamber		
Capacity (tons/hour): 500	☐ Other, describe		
TOTAL NUMBER OF INCINERATORS AND THE	EIR DATES OF CONSTRUCTION		
Total number of incinerators on site:			
Latitude: Latitude:			
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. 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 ½ mile downstream of project boundary that may be impacted by the construction activity? 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. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

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.

Signature of Responsible Official

Date 2/201

Title

OWENTER