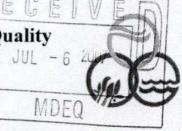
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## Mississippi Department of Environmental Quality

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

www.deg.state.ms.us



## NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS** GENERAL NPDES PERMIT NUMBER MSG150435

(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 OUAD 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: Alvin Watkins				
Facility Name:				
Mailing Address:				
Street or P.O. Box: 3168 Monroe Rd.				
City: Ellisville	State:	MS	Zip:	39437
Physical Site Address: (If the physical address is not av intersection.)	ailable ind	licate the n	earest nam	ned road or
Street (can not be a P.O. Box) 3168 Monroe Rd.				
City: Ellisville	State:	MS	Zip:	39437
County: Jones				
Latitude (degrees/min/sec): 31 33 31.79N				
Longitude (degrees/min/sec): 89 21 56.55W				
Nearest named receiving stream: Snows Creek				
Facility Telephone No. (Include Area Code):	601-75	2-2773		
Facility Fax No. (Include Area Code):				
Facility Cell Phone No. (Include Area Code):	601-57	7-0285		
Other Contact Phone Numbers (Include Area Code):				
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 constr	ruction act	ivities dist	urbing one	acre or more

### II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

Check any of the follow to control runoff and produced by Buffers  Setbacks Conservation to Constructed we	Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter	
T, STORAGE, AND CAPAC	ITY	
Total Number of Days	Total Capacity (tons)	
14	1564	
eted or enlarged after February 2 ments not owned by the application of No, attach wavier earest residential or recreational pplicant?  Yes  ons then attach a completed Pourerty owners and notarized by a School Cone Waiver can be found at od AgriculturalBranchEPD?Op	I area, all dwellings, and all No, attach wavier Itry Buffer Zone Waiver. The State of Mississippi appointed	
es		
	Check any of the follow to control runoff and provided to constructed well infiltration field Grass filter Terrace  T, STORAGE, AND CAPACE of their capacity in tons  Total Number of Days  14  Total Number of Days  14  Total Number of Days  14  Total Number of Days  15  Total Number of Days  16  Total Number of Days  17  Total Number of Days  18  Total Number of Days  19  Total Number of Days  19  Total Number of Days  10  Total Number of Days  11  Total Number of Days  12  Total Number of Days  14  Total Number of Days  15  Total Number of Days  16  Total Number of Days  17  Total Number of Days  18  Total Number of Days  19  Total Number of Days  10  Total Number of Day	

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 MANAGEMENT PLAN Answer the following
Has a nutrient management plan been developed?   ✓ Yes   No
If yes, when was the nutrient management plan submitted? Date: 8/18/05
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility?
The date of the last revision of the nutrient management plan.  Date: 8/18/05
What is the estimated amount of litter generated per year? 1564 tons/year
Total acreage needed for land application: 150
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? tons/year
If not land applying, describe alternative use(s) of the litter:  The landowner will act as his own contractor and remove all litter and waste.

ATTACHMENTS

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

	stack test. For a lis	st of incinerato	ity incinerators is for incinerators that rs that have approved stack tests on culturalBranchEPD?OpenDocument	
Carcasses generated at facilities other under this coverage. Only chicken of materials such as leaves, trash, and of	carcasses generated	on site are peri	mitted for incineration. All other	
MANUFACTURER'S INFORMA	TION	TYPE OF	INCINERATOR	
Manufacturer Name: National Incinerator		✓ Single chamber		
Model Number: Destructor  Capacity (tons/hour): 500lb				
		☐ Multiple chamber ☐ Other, describe		
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m	for each incinerator	and indicate to	he latitude and longitude coordinates	
Total number of incinerators on site:  Please provide the manufacture date	for each incinerator inutes, and seconds.  Latitude: 31 Latitude:	and indicate to	he latitude and longitude coordinates  Longitude: 89 21 56.55W  Longitude:	
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m  Date(s): 6/2007	for each incinerator inutes, and seconds.  Latitude:	r and indicate to 33 31.79N	he latitude and longitude coordinates  Longitude: 89 21 56.55W  Longitude: Longitude: Longitude:	
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m Date(s): 6/2007	for each incinerator inutes, and seconds.  Latitude:	and indicate to	he latitude and longitude coordinates  Longitude: 89 21 56.55W  Longitude: Longitude: Longitude:	
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m  Date(s): 6/2007	for each incinerator inutes, and seconds.  Latitude: Latitude: Latitude: Latitude:	r and indicate to	he latitude and longitude coordinates  Longitude: 89 21 56.55W  Longitude: Longitude: Longitude:	
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m Date(s): 6/2007	for each incinerator inutes, and seconds.  Latitude: Latitude: Latitude: Latitude:	r and indicate to	he latitude and longitude coordinates  Longitude: 89 21 56.55W  Longitude: Longitude: Longitude:	
Total number of incinerators on site:  Please provide the manufacture date where installed on site in degrees, m Date(s): 6/2007  FUEL TYPE AND INCINERATO	for each incinerator inutes, and seconds.  Latitude:	r and indicate to	he latitude and longitude coordinates  Longitude: 89 21 56.55W  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 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: 3 Description of the construction activity: Construction of 2 chicken house pads for the construction of 2 chicken houses Nearest named receiving stream: Snows Creek Are there recreational streams, private/public ponds or lakes within 1/2 mile downstream of project boundary that may be impacted by the construction activity? Yes Soil Characteristics: 35B Ruston Fine Sandy Loam

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 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	6/12/07
Signature of Responsible Official Owner	Date
Title	