AI#23367 GnP20070001



Mississippi Department of Environmental Cha

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

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Office of Pollution Control Office of Pollution Control NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS**

GENERAL NPDES PERMIT NUMBER MSG150 445

(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 OUAD 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 FACILI	IT INFORMATION			
Name of Owner: Kurt Rhodes				
Facility Name: 5 +K				
Mailing Address:				
Street or P.O. Box: 311 Tower Rd				
City: <u>Pelahatchie</u>	State: <u>M5</u> Zip: <u>39145</u>			
Physical Site Address: (If the physical address is not avaintersection.)	ailable indicate the nearest named road or			
Street (can not be a P.O. Box) N/A				
City: Pelahatche	State: M5 Zip: 39145			
County: Rankin				
Latitude (degrees/min/sec): 5.4e1 89°4	1'50"W Sitez 89° 47'37"W			
Longitude (degrees/min/sec): 514e1 32 15	5' 26"N Sitez 32" 15' 13"N			
Nearest named receiving stream: B, 114 C	reels			
Facility Telephone No. (Include Area Code):	N/A			
Facility Fax No. (Include Area Code):	NA			
Facility Cell Phone No. (Include Area Code):	NA			
Other Contact Phone Numbers (Include Area Code):	NA			
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 construct the Experience day litter Dealtry of exacts				

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 200,000 Layers (SIC 0252): TOTAL AMOUNT: 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 pro Buffers Setbacks Conservation til Constructed weten Infiltration field Grass filter Terrace T, STORAGE, AND CAPACIT	lage tland
Type of Storage	Total Number of Days	Total Capacity (tons)
Roofed Storage Shed	180	781
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify		
Are all poultry houses, that have been construct all occupied dwellings or commercial establish all adjoining property lines? Are all incinerators at least 150 feet from the nealight commercial buildings not owned by the appropriate of the completed by all affected property and the completed by all affected property of the Dry Litter Buffer http://www.deq.state.ms.us/MDEQ.nsf/page/epor call (601) 961-5171.	ments not owned by the application of the No, attach wavier earest residential or recreational oplicant? Yes multiple of the No. 1	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The tate of Mississippi appointed
CONTRACT INFOMATION Is this facility a contract operation? Ye Ye Ye Ye Ye Ye Ye Ye Ye Y		

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 MANAGEMENT PLAN Answer the following				
Has a nutrient management plan been developed? Yes No				
If yes, when was the nutrient management plan submitted? Date: 7/24/07				
If no, when will the nutrient management plan be developed? Date: N/A				
Is a nutrient management plan already being implemented for the facility?				
The date of the last revision of the nutrient management plan. Date: 12-16-97				
What is the estimated amount of litter generated per year? $2,047$ tons/year				
Total acreage needed for land application: 274				
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? 634 tons/year				
If not land applying, describe alternative use(s) of the litter:				

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 mortality incinerators is for incinerators that have previously submitted approved stack test. For a list of incinerators that have approved stack tests on file please visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

Carcasses generated at facilities other than the one identified in this NOI are not permitted for incineration under this coverage. Only chicken carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

MANUFACTURER'S INFORMATI	ION TY	TYPE OF INCINERATOR Single chamber Multiple chamber Other, describe	
Manufacturer Name:	0		
Model Number:			
Capacity (tons/hour):			
TOTAL NUMBER OF INCINERAT Total number of incinerators on site:			
where installed on site in degrees, minu Date(s):	utes, and seconds. Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude: Longitude: Longitude: Longitude: Longitude:	
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where installed on site in degrees, minu Date(s):	tes, and seconds. Latitude: Latitude: Latitude: Latitude: Latitude: TEMPERATURE 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 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?
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.

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.

Kurkhali	7-24-07
Signature of Responsible Official	Date
Title	