AI#34860 nf20080001

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.deq.state.ms.us

DEQ-EPE

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NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING **OPERATIONS**

GENERAL NPDES PERMIT NUMBER MSG15 0470

(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 14 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 OUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Scott White	
Facility Name: White Farm	
Mailing Address:	
Street or P.O. Box: 852 Bill Nanny	y Rd
City: Dakedom	State: TN Zip: 38226
Physical Site Address: (If the physical address is not avaintersection.)	nilable indicate the nearest named road or
Street (can not be a P.O. Box) Itersection Ho	wy 80 + Old Hwy 80
City: Pelahatchire	State: Zip:
County:	
Latitude (degrees/min/sec): 89° 45′ 13	3"W
Longitude (degrees/min/sec): 32° 20' 12	z"N
Nearest named receiving stream:Mulberr	
Facility Telephone No. (Include Area Code):	N/A
Facility Fax No. (Include Area Code):	w/A
Facility Cell Phone No. (Include Area Code):	270-627-1300
Other Contact Phone Numbers (Include Area Code):	731-469-5102
TYPES OF AC	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 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): 229,600 Layers (SIC 0252): TOTAL AMOUNT: 229,600 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, 3 Check all that apply and indicate total days of storage and the	Check any of the following to control runoff and protest Buffers Setbacks Conservation till Constructed wet Infiltration field Grass filter Terrace STORAGE, AND CAPACIT	lage land
Type of Storage	Total Number of Days	Total Capacity (tons)
Roofed Storage Shed (Ary Stack to be built)	180	595
Concrete Pad		
☐ Impervious Soil Pad		
Other: Specify		
Are all incinerators at least 150 feet from the near light commercial buildings not owned by the appl NOTE: If answered no to any of these questions wavier must be completed by all affected property Notary Public. A copy of the Dry Litter Buffer Zohttp://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	ents not owned by the applicant No, attach wavier est residential or recreational icant? Yes N/A then attach a completed Poult y owners and notarized by a Sone Waiver can be found at	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The state of Mississippi appointed
CONTRACT INFOMATION		
Is this facility a contract operation?	□ No	
If yes, what is the name and address of the integra	itor?	
Name: Peco Address:		

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: 2.6.08
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility? Yes No
The date of the last revision of the nutrient management plan. Date: 2-6-08
What is the estimated amount of litter generated per year? 2,433 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? 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 INFORM	TATION T	YPE OF INCINERATOR		
Manufacturer Name:	ufacturer Name: Single chamber			
Model Number:		☐ Multiple chamber		
Capacity (tons/hour):		Other, describe		
Total number of incinerators on si Please provide the manufacture da where installed on site in degrees, Date(s):	te: ate for each incinerator and minutes, and seconds. Latitude: Latitude: Latitude:	indicate the latitude and longitude coordinates Longitude: Longitude: Longitude:		
FUEL TYPE AND INCINERAT		ANGE		
Fuel Type:				
If fuel oil is burned, what is the su	lfur content of the oil?	%		
Incinerator operating temperature	range°F			

☐ Check	this box if this section does not apply
Army Corps of	project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Engineers regulatory branch for possible permitting requirements. If the project requires a per Section 404 Permit, provide appropriate documentation from the Corps that the project red.
Indicate any loc documentation	al storm water ordinance with which the project must comply and submit any of approval.
PROJECT INI	FORMATION
Total acreages t	hat will be disturbed:
	the construction activity: Construction of eight chicken houses
Nearest named	receiving stream:
	tional streams, private/public ponds or lakes within ½ mile downstream of project boundary acted by the construction activity? Yes No
Soil Characteris	tics: (Kipling) Gently Rolling Somewhat poorly drained.
found unde	form Water Pollution Prevention Plan (SWPPP) that includes the minimum components or "SWPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control 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

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Note: I his application	snall be stoned accor	raing to the Gener	al Permit nage	as tollows.
Note: This application	prient of pigned accou	initial to the Action	ar a crime, puge.	, and an and who.

- · 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.

Let Uld	80-51-5
Signature of Responsible Official	Date
Title	