

Mississippi Department of Environmental Quality Office of Pollution Control - Environmental Permits Division POST OFFICE BOX 2261 • JACKSON, MS 39225-2261 TEL: (601) 961-5171 • FAX: (601) 354-6612 www.deq.state.ms.us

DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS
NOTICE OF INTENT (DLPNOI)
FOR COVERAGE UNDER

MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG20 OO6:
(Number to be assigned by State)

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

ALL SUBMITTALS WITH THIS DLPNOI MUST INCLUDE:

- A CURRENT NUTRIENT MANAGEMENT PLAN (SEE SECTION II)
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- A SITE DRAWING

ADDITIONAL SUBMITTALS MAY INCLUDE THE FOLLOWING IF APPLICABLE:

- APPROPRIATE SECTION 404 DOCUMENTATION (WETLANDS)
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE
- CONTIGUOUS LAND OWNER NOTIFICATION(S) AS IDENTIFIED IN CONDITION S-2, ACT2
 OF THE DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS MULTIMEDIA GENERAL
 POLLUTION CONTROL PERMIT NO. MSG20.

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, LITTER STORAGE STRUCTURE, 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 2261, JACKSON, MISSISSIPPI 39225-2261.

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: Donald Taylor | | |
|---|--|--|
| Facility Name: Dorald Taylor | | |
| Mailing Address: | | |
| Street or P.O. Box: 123 Pine Grove Church Rd. | | |
| City: Kokomo State: MS Zip: 39643 | | |
| Physical Address: (If the physical address is not available indicate the nearest named road or intersection.) | | |
| Street (can not be a P.O. Box) 123 Pine Grove Church Rd. | | |
| City: Kokomo State: MS Zip: 39643 | | |
| County: Walthall | | |
| Latitude (degrees/min/sec): N 31° 17'48. 653" | | |
| Longitude (degrees/min/sec): W90° 2' 36. 119" | | |
| Nearest named receiving stream: Darbun Creek | | |
| Facility Telephone No. (Include Area Code): 1001-731-7687 | | |
| Facility Fax No. (Include Area Code): | | |
| Facility Cell Phone No. (Include Area Code): 601 - 551 - 0007 | | |
| Other Contact Phone Numbers (Include Area Code): | | |
| TYPES OF ACTIVITY | | |
| Check all that apply: | | |
| Existing dry litter poultry operation that is not proposing an increase in the number of houses | | |
| Construction and/or operation of an incinerator | | |
| New or expanding operations that will require construction activities disturbing one acre or more | | |

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS:

| TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Broilers (SIC 0251): 100,000 Layers (SIC 0252): TOTAL AMOUNT: 100,000 Housed under roof Open confinement | | age |
|---|--|---|
| TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and | | TY |
| Type of Storage | Total Number of Days | Total Capacity (tons) |
| ☑ Roofed Storage Shed | Recently Constructed Hosp't been used | 400 |
| Concrete Pad | | |
| ☐ Impervious Soil Pad | | |
| Other: Specify compost shed | 365 | 200 |
| Are all poultry houses, that have been constructed all occupied dwellings or commercial establishmen adjoining property lines? Are all incinerators at least 150 feet from the neal light commercial buildings not owned by the appoint NOTE: If answered no to any of these questions wavier must be completed by all affected propert Notary Public. A copy of the Dry Litter Poultry Forms Package or by calling (601) 961-5171 or a http://www.deq.state.ms.us/MDEQ.nsf/page/epd | ents not owned by the applicant No, attach wavier rest residential or recreational licant? Yes then attach a completed Poult y owners and notarized by a Suffer Zone Waiver can be found | area, all dwellings, and all No, attach wavier N/A try Buffer Zone Waiver. The tate of Mississippi appointed and in the Dry Litter Poultry |
| CONTRACT INFORMATION | | |
| Is this facility a contract operation? Yes | ☐ No | |
| If yes, what is the name and address of the integral Name: Sanderson Farms | Address: Laurel, M | |

II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS (continued):

Attach a USGS quad map or a 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

| 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. |
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| |
| NUTRIENT MANAGEMENT PLAN |
| Answer the following |
| My most current and up to date nutrient management plan was developed on 1-14-99. |
| (Date) |
| I understand that my nutrient management plan identified above expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date. |
| The expiration date of my current plan is 1-14-04 (NRCS is currently updating NMP). |
| Is a nutrient management plan already being implemented for the facility? Yes |
| What is the estimated amount of litter generated per year? 764 tons/year |
| Total acreage needed for land application: 62 |
| Total acreage available for land application: _50 |
| Will a third party remove litter off site? ✓ Yes □ No |
| If yes, how much litter will be transferred to other persons per year? approx. 250 tons/year |
| If not land applying, describe alternative use(s) of the litter: N/A |
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ATTACHMENTS

| Yes, there will be mortality incineration equipm | nent located at the facility. This page must be completed. |
|--|--|
| you wish to construct and/or operate poultry mount updated DLPNOI by completing Sections III an | on equipment located at the facility. If at a future date ortality incineration equipment, you must submit an ed V. Constructing and operating poultry mortality erage or issuance of individual permits is a violation of |
| have previously submitted approved stack test. For please visit http://www.deq.state.ms.us/MDEQ.nsf/ or call (601) 961-5171. Carcasses generated at facilities other than the one is | identified in this DLPNOI are not permitted for casses generated on site are permitted for incineration. |
| MANUFACTURER'S INFORMATION | TYPE OF INCINERATOR |
| Manufacturer Name: | ☐ Single Chamber |
| Model Number: | ☐ Multiple Chamber |
| Capacity (tons/hour): | Other, describe |
| Latitud Latitud | nerator and indicate the latitude and longitude nutes, and seconds. e: Longitude: e: Longitude: e: Longitude: e: Longitude: |
| FUEL TYPE AND INCINERATOR TEMPERA Fuel Type: If fuel oil is burned, what is the sulfur content of the Incinerator operating temperature range | |

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY

| IV. | CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE | | | |
|--|---|--|--|--|
| | Yes, there will be new construction activities disturbing one or more acres of land. This page must be completed. | | | |
| No, there will be no new construction activities disturbing one or more acres of land. If at a future date you wish to engage in construction activities disturbing one or more acres of land, you must submit an updated DLPNOI by completing Sections IV and V. Engaging in construction activities that disturb on or more acres of land without a modified coverage or issuance of an individual permit is a violation of state law. | | | | |
| IS (You | OCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND es or No)? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements). THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE OCUMENTATION WITH THIS DLPNOI THAT: | | | |
| | The project has been approved by individual permit, or The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required DICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY: | | | |
| DI | ROJECT INFORMATION | | | |
| | tal acreages that will be disturbed: | | | |
| | escription of the construction activity: | | | |
| Ne | arest named receiving stream: | | | |
| | t may be impacted by the construction activity? Yes No | | | |
| So | il Characteristics: | | | |
| | Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under ACT 8, Conditions T-3 through T-10 of the Multimedia General Pollution Control Permit to Manage Litter From a Dry Litter Poultry Operation and/or Construct/Operate Air Emission Equipment and/or Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System. | | | |

V. CERTIFICATION

Note: This application shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- · For a sole proprietorship, by the proprietor.

| I certify under penalty of law that this document and a | all attachments were prepared under my direction or |
|---|--|
| supervision in accordance with a system designed to a | assure that qualified personnel properly gathered and |
| | quiry of the person or persons who manage the system, |
| or those persons directly responsible for gathering the | information, the information submitted is, to the best |
| of my knowledge and belief, true, accurate and compl | ete. I am aware that there are significant penalties for |
| submitting false information, including the possibility | of fine and imprisonment for knowing violations. |
| 1 100 | 1 |
| Sonall myster | 2-11-09 |
| | |

| Signature of Responsible Official | Date |
|-----------------------------------|------|

| Donald in Taylor | Cuper |
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