AI #52/56 (



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.deg.state.ms.us



DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS
NOTICE OF INTENT (DLPNOI)
FOR COVERAGE UNDER
MULTIMEDIA GENERAL POLLUTION CONTROL PERMIT NO. MSG20146
(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 SUBMETTALS WITH THIS DEPNOI 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 (WEFLANDS)
- 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
 POBLUTION 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 WAFER BODIES IN THE AREA, PLUSALL DRINKING WATER WELLS WITHIN AMILE 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: Dan Barnes | | | | |
|---|--|--|--|--|
| Facility Name: Peggy Barnes | | | | |
| Mailing Address: | | | | |
| Street or P.O. Box: 504 Barnes Rd. | | | | |
| City: Lena State: MS Zip: 39094 | | | | |
| Physical Address: (If the physical address is not available indicate the nearest named road or intersection.) | | | | |
| Street (can not be a P.O. Box) 504 Barnes Rd | | | | |
| Street (can not be a P.O. Box) 504 Barnes Rd City: Lena State: MS Zip: 39094 | | | | |
| County: Scott | | | | |
| Latitude (degrees/min/sec): 3254249 | | | | |
| Longitude (degrees/min/sec): -8974517 | | | | |
| Nearest named receiving stream: Coffee Bogue | | | | |
| Facility Telephone No. (Include Area Code): 601-654-3672 | | | | |
| Facility Fax No. (Include Area Code): | | | | |
| Facility Cell Phone No. (Include Area Code): | | | | |
| 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): 140,000 Layers (SIC 0252): TOTAL AMOUNT: 140,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and to | | | | | |
|---|----------------------|-----------------------|--|--|--|
| Type of Storage | Total Number of Days | Total Capacity (tons) | | | |
| Roofed Storage Shed | 365 | 500 | | | |
| 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 composter is at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? 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 Poultry Buffer Zone Waiver can be found in the Dry Litter Poultry Forms Package or by calling (601) 961-5171 or at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument | | | | | |
| CONTRACT INFORMATION | | | | | |
| Is this facility a contract operation? Yes No | | | | | |
| If yes, what is the name and address of the integrator? | | | | | |
| Name: Koch Foods | Address: 4688 Hw | 480, Morton, MS 39, | | | |

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

| ATTACHMENTS |
|---|
| 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 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 |
| My most current and up to date nutrient management plan was developed on |
| 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 |
| Is a nutrient management plan already being implemented for the facility? Yes No |
| What is the estimated amount of litter generated per year? 350 tons/year |
| Total acreage needed for land application: 260 |
| Total acreage available for land application: 280 |
| 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 Yes, there will be mortality incineration equipment located at the facility. This page must be completed. No, there will be no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections III and V. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law. 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.deg.state.ms.us/MDEO.nsf/page/epd AgriculturalBranchEPD?OpenDocument or call (601) 961-5171. Carcasses generated at facilities other than the one identified in this DLPNOI 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 INFORMATION TYPE OF INCINERATOR Manufacturer Name: Single Chamber Multiple Chamber Model Number: Capacity (tons/hour): Other, describe TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION Total number of incinerators on site: れゅれと Please provide the manufacture date for each incinerator and indicate the latitude and longitude coordinates where installed on site in degrees, minutes, and seconds. Date(s): Latitude: Longitude: Longitude: Latitude: \ Longitude: Latitude: Latitude: Longitude: FUEL TYPE AND INCINERATOR TEMPERATURE RANGE Fuel Type: If fuel oil is burned, what is the sulfur content of the dil?

oF

Incinerator operating temperature range

| v. CONSTRUCTION ACTIVITIES | DISTURBING | ONE ACRE OR MO | RE |
|---|---|--|----------------------------------|
| Yes, there will be new construction activiti completed. | ies disturbing one c | or more acres of land. This | page must be |
| No, there will be no new construction active you wish to engage in construction activities updated DLPNOI by completing Sections I or more acres of land without a modified constate law. | es disturbing one o IV and V. Engagin | r more acres of land, you n ng in construction activities | nust submit an sthat disturb one |
| DOCUMENTATION OF COMPLIANCE WI'IS THE PROJECT REROUTING, FILLING OR CHECKER (Yes or No)? (If yes, contact the U.S. Army IF THE PROJECT REQUIRES A CORPS OF ENG DOCUMENTATION WITH THIS DLPNOI THAT: | ROSSING A WATER Corps of Engineers' EINEER SECTION 40 | R CONVEYANCE OF ANY K Regulatory Branch for permit | IND ting requirements). |
| •The project has been approved by individual • The work will be covered by a nationwide pe • The work will be covered by a nationwide or INDICATE ANY LOCAL STORM WATER ORDIN | rmit and <u>NO NOTIF</u> general permit and N | NOTIFICATION to the Corps | is required |
| 1 | | | |
| | 1 | | |
| PROJECT INFORMATION Total acreages that will be disturbed: | | | |
| Description of the construction activity: | | | |
| Nearest named receiving stream: | | | |
| Are there recreational streams, private/public p that may be impacted by the construction activ | | in 'a mile downstream of p | roject boundary |
| Soil Characteristics: | | | |
| Attach a Storm Water Pollution Prevention found under ACT 8. Conditions T-3 throu to Manage Litter From a Dry Litter Poulting Equipment and/or Discharge Storm Water Elimination System. | gh T-10 of the Mul ry Operation and/o | ltimedia General Pollution or Construct/Operate Air El | Control Permit mission |

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.

Title

Appendix A (ACT 2, S-1)

Printed Name