ATH 23044



## DRY LITTER POULTRY ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (DLPNOI)



COVERAGE NUMBER: MSG20 O 298 For re-coverage, the coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Recoverage.

I. GENERAL INFORMATION
A. CONTACT AND FACILITY INFORMATION
Name of Owner: Stanley or Sylving Warkins
Facility Name:
Mailing Address:
Street or P.O. Box: 3258 MONROE Rd.
City: Ellisume State: MS Zip: 39437
Physical Site Address:
Street (can not be a P.O. Box)  3013 MOVROE Rd.
Street (can not be a P.O. Box)  City: Ellisure  State: MS Zip: 39437
County: Sove S
(For new facilities) Latitude (degrees/min/sec): Longitude:
(For new facilities) Nearest named receiving stream:
Facility Telephone No. (Include Area Code):
Facility Fax No. (Include Area Code):
Contact Cell Phone No. (Include Area Code): 60/- 433 · 5953
Other Contact Phone Numbers (Include Area Code):
Contact Email: SSW Sjw & grail.com
B. ACTIVITY TYPE (Check all that apply)  Existing operation NOT proposing expansion. Number of existing houses:    Continuous   Continu
Existing operation NOT proposing expansion. Number of existing nouses:  Dept. of Environmental Quality  Dept. of Environmental Quality
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## II. DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

A. TYPE AND AMOUNT OF CHICKENS
For Existing Facilities: Has the facility changed the number of houses or animal type (ie. broilers or layers)?
No Yes – Identify Changes:
For New Facilities: Check type and indicate amount
☐ Broiler (SIC 0251): ☐ Pullet/Breeder (0252):
B. CONTRACT INFORMATION  Is this facility a contract operation?  No Ses-Integrator Name:
C. TYPE OF DRY LITTER STORAGE AND CAPACITY
For Existing Facilities: Has the facility changed the litter storage type or the capacity?
No Yes – Identify Changes:
For New Facilities: List type of dry litter storage and capacity (tons):
D. <u>NUTRIENT MANAGEMENT PLAN</u>
If you do not have a current Comprehensive Nutrient Management Plan then one must be submitted, if your CNMP is current then complete the dates below:  Development Date: 12/15 Expiration Date: 11/20
The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

# **INCINERATOR** No, there is 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 IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law. Yes, there is mortality incineration equipment located at the facility. Complete section below: MORTALITY INCINERATION EQUIPMENT For Existing Facilities: Has the facility changed the number or type of incinerators, or the fuel type burned? No Yes – Identify Changes: For New Facilities: Model Number: Manufacturer Name: Capacity (tons/hour): Fuel Type: IV. CERTIFICATION Note: This NOI 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 understand that my nutrient management plan identified Section II. D. 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. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry 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 complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law. Signature of Responsible Official Sissy Watkins

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY



The information contained in this report is obtained from MDEQ's enSite (electronic environmental Site Information System) System used by the Office of Pollution Control's Air Division, Environmental Permits Division and Environmental Compliance and Enforcement Division, and the Office of Geology's Mining and Reclamation Division. The purpose of the system is to support permitting and compliance activities of the Department of Environmental Quality. Regulatory programs that are supported by this database are the Surface Water National Pollutant Discharge Elimination System (NPDES) Program; the Air Title V, Construction and Operating Programs; the Solid and Hazardous Waste Programs; Geology Surface Mining and Reclamation Division; and the Waste Tire Program (the UST program is currently not supported). There are other regulatory programs within the Department that do not currently utilize this database including programs managed by the Office of Land and Water, and the Total Maximum Daily Load (TMDL) Program.

# Stanley or Sylvia Watkins, Poultry

#### **General Information**

AIID	Branch	SIC	County	Basin	Start	End
23044	Air 1 Water 1	0251	Jones	Pascagoula River	08/22/2005	

## **Physical and Mailing Address**

Physical Address (Primary)	Mailing Address
3215 Monroe Road	3258 Monroe Road
Ellisville, MS 39437	Ellisville, MS 39437

#### Permits and Alternate/Historic Al Identifiers

Alt ID	Alt Name	Alt Type	Start Date	End Date
136000141	Stanley or Sylvia Watkins, Poultry	Air-Construction	10/05/2005	
136000141	Stanley or Sylvia Watkins, Poultry	Air-State Operating	10/05/2005	09/15/2009
MSG200298	Stanley or Sylvia Watkins, Poultry	GP-Poultry AFO	09/15/2009	04/09/2014
MSG200298	Stanley or Sylvia Watkins, Poultry	GP-Poultry AFO	04/09/2014	01/31/2019
MSU050088	Stanley or Sylvia Watkins, Poultry	Water-SOP	10/05/2005	09/15/2009

#### Office of Pollution Control Contacts

Name	Assignment	Phone Number
Hardy, Tyler	Office of Pollution Control Air Compliance Manager	(601) 961-5685
Bland, Jeffrey	Office of Pollution Control Air Permit Manager	(601) 961-5112
Bland, Jeffrey	Office of Pollution Control Air Permit Staff	(601) 961-5112
Beasley, Danny	Office of Pollution Control Water Compliance Manager	(601) 961-5356
Tomkins, Tracy	Office of Pollution Control Water Permit Manager	(601) 961-5622
McMillan, Buster	Office of Pollution Control Water Permit Staff	(601) 961-5671

## **Active Coverages Available Online**

Permit Type	Permit Number	Issue Date	Permit Document
General Permit - Dry Litter Poultry AFO Modification	MSG200298	01/12/2016	7

## **Current Status of Individual Permit Applications**

Program	Permit Type	Permit Number	Status Date	Status Desc.
Air	Construction Permit	1360-00141	10/05/2005	Permit Issued
Air	State Operating Permit	1360-00141	09/15/2009	Revoke Permit
Water	State Operating Permit	MSU050088	09/15/2009	Revoke Permit

## **Current Status of General Permit Applications**

Program	Permit Type	Permit Number	Status Date	Status Desc.	PDF
General Permit	Dry Litter Poultry AFO Modification	MSG200298	01/12/2016	Coverage Issued	
General Permit	Poultry AFO Recoverage	MSG200298	01/12/2016	Coverage Terminated	7

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