



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



COVERAGE NUMBER: MSG20 00917 . 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 Re-coverage.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Casy Pope

Facility Name: Chicarosa Farm

Mailing Address:

Street or P.O. Box: 4053 Mars Hill Rd

City: Philadelphia State: MS Zip: 39350

Physical Site Address:

Street (can not be a P.O. Box) 265 Hwy 395

City: Philadelphia State: MS Zip: 39350

County: Winston

(For new facilities) Latitude (degrees/min/sec): 32* 56'14.7" Longitude: -89* 10'56.6"

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 662-803-5077

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): _____

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : _____

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: _____

Existing operation of an incinerator(s). Number of existing incinerator(s): _____

New or expanding operation. Number of proposed houses: 2 Number of proposed incinerators: _____

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: Original Permit for 4 Broilers, Proposed to add 2 new houses

For New Facilities:

Check type and indicate amount

Broiler (SIC 0251): 189,400 Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: Peco

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. NUTRIENT MANAGEMENT PLAN

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: Current Waste Management 5-22 thru 8-2026
New 1-2026 Thru 12-2031

Development Date: _____ Expiration Date: _____



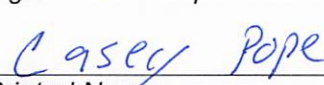

The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY 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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
For Existing Facilities:	
Has the facility changed the number or type of incinerators, or the fuel type burned?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Identify Changes: _____	
For New Facilities:	
Manufacturer Name: _____	Model Number: _____
Capacity (tons/hour): _____	Fuel Type: _____

IV. CERTIFICATION

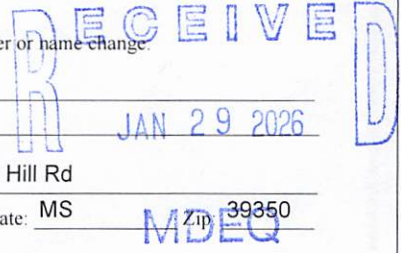
<p>Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.</p> <ul style="list-style-type: none"> For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor. 	
<p>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.</p> <p>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.</p> <p>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.</p>	
<p style="text-align: center;">  _____ <i>Signature of Responsible Official</i> </p>	<p style="text-align: center;">  _____ <i>Date</i> </p>
<p style="text-align: center;">  _____ <i>Printed Name</i> </p>	<p style="text-align: center;">  _____ <i>Title</i> </p>

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: <u>Chicarosa Farm</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>265 Hwy 395</u></p> <p>City: <u>Philadelphia</u> State: <u>MS</u> Zip: <u>39350</u></p> <p>County: <u>Winston</u></p> <p>Telephone: (<u>662-803-5077</u>)</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Casy Pope</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:: Street/P.O. Box: <u>4053 Mars Hill Rd</u></p> <p>City: <u>Philadelphia</u> State: <u>MS</u> Zip: <u>39350</u></p> <p>Telephone (<u>662-803-5077</u>)</p>
<p>Item III.</p> <p>Previous Permittee¹: <u>Chris Boatner</u></p> <p>Mailing Address: Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: <u>Same as Above</u></p> <p>Mailing Address: Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage. New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>
<p>Item IX.</p> <p style="text-align: center;">We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p>	
<p><u>Casy Pope</u></p> <p>Print New Permittee Name</p> <p><u>Casy Pope</u></p> <p>New Authorized Signature</p> <p><u>Owner</u></p> <p>Title _____ Date <u>1-16-26</u></p>	<p>_____</p> <p>Print Previous Permittee Name</p> <p>_____</p> <p>Previous Authorized Signature</p> <p>Title _____ Date _____</p>



Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
<p>Permit Type: <u>DLPAFO</u></p> <p>Permit/Coverage No.: <u>2000917</u></p> <p>Permit Issuance Date: <u>5-2022</u></p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>10-2026</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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