

AI #10597

GNP 20050001

MSC 160044

I. GENERAL INFORMATION:



CONTACT AND FACILITY INFORMATION

Name of Owner:

Martha Cole

Facility Name:

Hi-Lo Farms Inc.

Mailing Address:

Street or P.O. Box:

P.O. Box 911

City:

Aberdeen

State:

MS

Zip:

39730

Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.)

Street (can not be a P.O. Box):

20716 White Rock Road

City:

Aberdeen

State:

MS

Zip:

39730

County:

Monroe

Latitude (degrees/min/sec):

N 33° 53.164'

Longitude (degrees/min/sec):

W 088° 38.429'

Nearest named receiving stream:

Mattubby Creek

Facility Telephone No. (Include Area Code):

662-369-8294

Facility Fax No. (Include Area Code):

NA

Facility Cell Phone No. (Include Area Code):

NA

Other Contact Phone Numbers (Include Area Code):

NA

TYPES OF ACTIVITY

Check all that apply:

- Sow swine operation
- Feeder swine operation
- Nursery swine operation
- Construction and/or operation of an incinerator

## II. CONCENTRATED SWINE FEEDING OPERATION CHARACTERISTICS:

### TYPE AND AMOUNT OF SWINE (SIC 0213)

Check all that apply and indicate the amounts

|  | Under Roof  | Confinement |
|--|-------------|-------------|
| <input type="checkbox"/> Sow                         | _____       | _____       |
| <input checked="" type="checkbox"/> Feeder/Finishing | <u>4049</u> | _____       |
| <input type="checkbox"/> Nursery                     | _____       | _____       |

### BEST MANAGEMENT PRACTICES (BMP)

Check any of the following BMPs that will be implemented to control runoff and protect water quality

- Buffers
- Setbacks
- Conservation tillage
- Constructed wetland
- Infiltration field
- Grass filter
- Terrace

### TYPES OF CONTAINMENT, STORAGE, AND CAPACITY

Check all that apply and indicate total days of storage and their capacity

| Type of Containment                           | Total Capacity (in gallons) |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Lagoon    | <u>5,243,516</u>            |
| <input type="checkbox"/> Holding Pond         |                             |
| <input type="checkbox"/> Evaporation Pond     |                             |
| <input type="checkbox"/> Other: Specify _____ |                             |

Total number of acres from production area contributing to drainage: 140 acres

**TYPES OF CONTAINMENT, STORAGE, AND CAPACITY (CONTINUED)**

Check all that apply and indicate total days of storage and their capacity

| Type of Storage                                      | Total Number of Days | Total Capacity<br>(gallons or <del>tons</del> ) |
|--|----------------------|---|
| <input checked="" type="checkbox"/> Anaerobic Lagoon | 90                   | 5,243,516                                       |
| <input type="checkbox"/> Storage Lagoon              |                      |   |
| <input type="checkbox"/> Evaporation Pond            |                      |   |
| <input type="checkbox"/> Aboveground Storage Tank    |                      |   |
| <input type="checkbox"/> Belowground Storage Tank    |                      |   |
| <input type="checkbox"/> Roofed Storage Shed         |                      |   |
| <input type="checkbox"/> Concrete Pad                |                      |   |
| <input type="checkbox"/> Impervious Soil Pad         |                      |   |
| <input type="checkbox"/> Other: Specify _____        |                      |   |

**CONTRACT INFORMATION**Is this facility a contract operation?  Yes  No

If yes, what is the name and address of the integrator?

Name: Prestage Farm Address: P.O. Box 1425  
West Point, MS 39270**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: \_\_\_\_\_

If no, when will the nutrient management plan be developed? Date: 11-1-06

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: 6-15-93

What is the estimated amount of manure and wastewater generated per year? 6,650 tons

1,625,673 gallons

Minimum acreage needed for land application of manure and wastewater: 32

Total acreage available for land application of manure and wastewater: 140

Will a third party remove manure and wastewater off site?  Yes  No

If yes, how much manure and wastewater will be transferred to other persons per year?

\_\_\_\_\_ tons \_\_\_\_\_ gallons

If not land applying, describe alternative use(s) of the manure and wastewater:

### III. CONSTRUCTION AND/OR OPERATION OF A SWINE MORTALITY INCINERATOR

Check this box if this section does not apply

**NOTE:** Coverage for construction and/or operation of 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](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 carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

#### MANUFACTURER'S INFORMATION

Manufacturer Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

#### TYPE OF INCINERATOR

Single chamber

Multiple chambers

Other, describe \_\_\_\_\_

#### TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: \_\_\_\_\_

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: _____ |
| _____          | Latitude: _____ | Longitude: _____ |
| _____          | Latitude: _____ | Longitude: _____ |
| _____          | Latitude: _____ | Longitude: _____ |

#### FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: \_\_\_\_\_

If fuel oil is burned, what is the sulfur content of the oil? \_\_\_\_\_%

Incinerator operating temperature range \_\_\_\_\_ °F

## V. CERTIFICATION

Note: This application shall be signed according to the General Permit, page 3, as follows:

- 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.

Billy Black

Signature of Responsible Official

9-26-05

Date

Billy Black

Name of Responsible Official (Printed or Typed)

Gen. mgr

Title