AI#9390 Conpa0060001



## Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division/ POST OFFICE BOX 10385 • JACKSON, MS 39289-0885

TEL: (601) 961-5171 • FAX: (601) 354-6612 www.deq.state.ms.us





(Number to be assigned by State)

#### INSTRUCTIONS

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

- A NUTRIENT MANAGEMENT PLAN
- A USGS QUAD MAP OR A COPY SHOWING THE SITE LOCATION
- · A SITE DRAWING
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

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 1/4 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, 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 10385, JACKSON, MISSISSIPPI 39289-0385.

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:	Name of Owner: John Billy Winstead						
Facility Name:	ame: John Billy Winstead Poultry Farm						
Mailing Address:							
Street or P.	O. Box: 2585 Old I	Highway 80					
City: Fores	st		State:	MS	Zip:	39074	
intersection.)		address is not availa	ble ind	licate the near	est nam	ned road or	
Street (can	not be a P.O. Box)	2585 Old Highway 80					
City: Fore	st		State:	MS	Zip:	39074	
County: _	Scott						
	egrees/min/sec): 82						
	(degrees/min/sec):						
Nearest nar	med receiving stream	1: Intermittent Tributary	on Hor	tokalo Creek			
Facility Telephone	No. (Include Area C	Code):	601-46	9-2888			
Facility Fax No. (I	nclude Area Code):						
Facility Cell Phone	No. (Include Area	Code):					
Other Contact Pho	ne Numbers (Include	e Area Code):					
		TYPES OF ACTI	VITY				
Check all that apply	r:						
☐ New dry litter	poultry operation						
Proposed dry li	itter poultry operatio	n					
Construction as	nd/or operation of an	incinerator					
☐ New or expand	ling operations that v	vill require construct	ion act	ivities disturb	ing one	acre or more	

### II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts  Boilers (SIC 0251): 237,000  Layers (SIC 0252): 237,000  TOTAL AMOUNT: 237,000  Housed under roof Open confinement	Check any of the follow to control runoff and provided by Buffers  Setbacks Conservation t Constructed we	Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter			
TYPES OF DRY LITTER CONTAINME Check all that apply and indicate total days of storage		ITY			
Type of Storage	Total Number of Days	Total Capacity (tons)			
▼ Roofed Storage Shed	171.36 days cake storage	372 Tons/Yr (37.7 % ann. Prod.)			
Concrete Pad					
☐ Impervious Soil Pad					
Other: Specify Compost	N/A				
Are all poultry houses, that have been constrail occupied dwellings or commercial establial adjoining property lines? Yes  Are all incinerators at least 150 feet from the light commercial buildings not owned by the NOTE: If answered no to any of these quest wavier must be completed by all affected pro Notary Public. A copy of the Dry Litter Buff <a href="http://www.deq.state.ms.us/MDEQ.nsf/page.or.call">http://www.deq.state.ms.us/MDEQ.nsf/page.or.call</a> (601) 961-5171.	ishments not owned by the application of No, attach wavier  e nearest residential or recreational applicant?  Yes  tions then attach a completed Pour operty owners and notarized by a fer Zone Waiver can be found at	ant and at least 150 feet from  I area, all dwellings, and all No, attach wavier  Itry Buffer Zone Waiver. The State of Mississippi appointed			
CONTRACT INFOMATION					
Is this facility a contract operation?	Yes No				
If yes, what is the name and address of the in	itegrator?				
Name: Lasy Forest Forus	Address: Forest	M5.39074			

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: 9/22/2006
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility?
The date of the last revision of the nutrient management plan. Date: 9/22/2006
What is the estimated amount of litter generated per year? 988 tons/year
Total acreage needed for land application: 134
Total acreage available for land application: 225.2
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

Check this box if this section does not apply

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 <a href="http://www.deq.state.ms.us/MDEQ.nsf/page/epd\_AgriculturalBranchEPD?OpenDocument">http://www.deq.state.ms.us/MDEQ.nsf/page/epd\_AgriculturalBranchEPD?OpenDocument</a> 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 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 ☐ Other, describe		
Model Number:				
Capacity (tons/hour):				
Total number of incinerators on site: _ Please provide the manufacture date for where installed on site in degrees, min Date(s):	or each incinerator a nutes, and seconds. Latitude: 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 rang	e	°F		

#### IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Army Corps of Engineers regulatory branch for possible permitting requirements. If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.

Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.

PROJECT INFORMATION
Total acreages that will be disturbed:
Description of the construction activity:
Nearest named receiving stream:  Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary that may be impacted by the construction activity?
Soil Characteristics:
Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under "SWPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System.

#### 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.

_	-	0000	2 Can
Sign	ature	of Responsible	
-Own	er		

Date

9-27-06

Title