

AI #1487
GRP 20050001
MSG 160050

I. GENERAL INFORMATION:

RECEIVED
NOV 10 2005
Miss. Dept. of Environmental Quality
Office of Pollution Control

CONTACT AND FACILITY INFORMATION

Name of Owner: James Blissard

Facility Name: J and J Blissard Farms Swine

Mailing Address:

Street or P.O. Box: P.O. Box 565

City: Houston State: MS Zip: 38851

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) 1001 CR 144

City: Houston State: MS Zip: 38851

County: Chickasaw

Latitude (degrees/min/sec): N 33° 51.060'

Longitude (degrees/min/sec): W 088° 50.690

Nearest named receiving stream: Long Creek

Facility Telephone No. (Include Area Code): 662-456-7409

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>2040</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>13454578</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: 206.2 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 (gallons or tons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	90	13454578
<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: Prestige Farm Address: P.O. Box 1425
West Point, MS ~~39088~~
 39773

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 1/4 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.

3 PAGE ATTACHMENT - COMMENTS ON IMPACT OF PROPOSED GENERAL PERMIT

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: 4-1-08

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: 12-7-99

What is the estimated amount of manure and wastewater generated per year? 11,543 tons
2826560 gallons

Minimum acreage needed for land application of manure and wastewater: 49

Total acreage available for land application of manure and wastewater: 206

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 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.

James E. Blissard
Signature of Responsible Official

9/29/05
Date

James E. Blissard
Name of Responsible Official (Printed or Typed)

Owner
Title

SEE ATTACHMENT