

AI #52468  
Gnp20160001



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



COVERAGE NUMBER: MSG20 1564. 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**

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Name of Owner: Joshua Rayors DEC 30 2016

Facility Name: Maqee Farms Dept. of Environmental Quality

Mailing Address:

Street or P.O. Box: 63 Percy Pittman Rd

City: Tylertown State: MS Zip: 39667

Physical Site Address:

Street (can not be a P.O. Box) 14 Salem Church Rd. Lot 1

City: Tylertown State: MS Zip: 39667

County: Walthall

(For new facilities) Latitude (degrees/min/sec): \_\_\_\_\_ Longitude: \_\_\_\_\_

(For new facilities) Nearest named receiving stream: \_\_\_\_\_

Facility Telephone No. (Include Area Code): 601-441-4511

Facility Fax No. (Include Area Code): \_\_\_\_\_

Contact Cell Phone No. (Include Area Code): 601-441-4511

Other Contact Phone Numbers (Include Area Code): 601-441-6994

Contact Email: Jdr\_270@yahoo.com

**B. ACTIVITY TYPE** (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 3

Existing operation of an incinerator(s). Number of existing incinerator(s): 2

New or expanding operation. Number of proposed houses: \_\_\_\_\_ 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: \_\_\_\_\_

**For New Facilities:**  
Check type and indicate amount

Broiler (SIC 0251): \_\_\_\_\_     Pullet/Breeder (0252): \_\_\_\_\_

**B. CONTRACT INFORMATION**

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

**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:

Development Date: Sept. 2016    Expiration Date: Aug. 2021

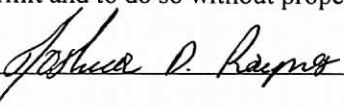
The comprehensive nutrient management plan (CNMP) identified above expires five years from the date it was developed and an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

### 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:

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

### IV. CERTIFICATION

<p><b>Note:</b> 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"> <li>• For a corporation, by a responsible corporate officer.</li> <li>• For a partnership, by a general partner.</li> <li>• For a sole proprietorship, by the proprietor.</li> </ul>	
<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>	
 _____ Signature of Responsible Official	12-12-16 _____ Date
Joshua Raynes _____ Printed Name	Owner _____ Title

RECEIVED

DEC 30 2016

Environmental Permits for Industrial Facilities Part of Environmental Quality  
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>Maycee Farms</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>14 Salem Church Rd Lot 1</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>County: <u>Walthall</u></p> <p>Telephone: <u>(601) 441-4511</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Joshua Raynes</u></p> <p>Title: <u>owner</u></p> <p>Mailing Address::</p> <p>Street/P.O. Box: <u>63 Percy Pittman Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone <u>(601) 441-4511</u></p>																
<p>Item III.</p> <p>Previous Permittee: <u>Rebecca Bonin</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>94 East Lexie Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone: <u>(601) 303-5490</u></p>	<p>Item IV.</p> <p>New Permittee: <u>Joshua Raynes</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>63 Percy Pittman Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone: <u>(601) 441-4511</u></p>																
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>0251</u></p> <p>Brief Description: <u>Agricultural</u></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 <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Maycee Farms</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Joshua Raynes</u></p> <p>Authorized Signature <sup>2</sup>: <u>Joshua Raynes</u></p> <p>Title: <u>owner</u> Date: <u>12-14-16</u></p>																
<p>Item IX.</p> <p><b>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</b></p> <p>From: <u>Rebecca Bonin</u></p> <p>To: <u>Joshua Raynes</u> Acquisition Date: <u>11-22-16</u></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> <table border="0"> <tr> <td><u>Joshua Raynes</u></td> <td><u>Rebecca Bonin</u></td> </tr> <tr> <td>Print New Permittee Name</td> <td>Print Previous Permittee Name</td> </tr> <tr> <td><u>Joshua Raynes</u></td> <td><u>Rebecca Bonin</u></td> </tr> <tr> <td>New Authorized Signature</td> <td>Previous Authorized Signature</td> </tr> <tr> <td><u>owner</u></td> <td><u>owner</u></td> </tr> <tr> <td><u>12-14-16</u></td> <td><u>12-14-16</u></td> </tr> <tr> <td>Title</td> <td>Title</td> </tr> <tr> <td>Date</td> <td>Date</td> </tr> </table> <p><sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.</p> <p><sup>2</sup> Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</p>		<u>Joshua Raynes</u>	<u>Rebecca Bonin</u>	Print New Permittee Name	Print Previous Permittee Name	<u>Joshua Raynes</u>	<u>Rebecca Bonin</u>	New Authorized Signature	Previous Authorized Signature	<u>owner</u>	<u>owner</u>	<u>12-14-16</u>	<u>12-14-16</u>	Title	Title	Date	Date
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Title	Title																
Date	Date																

**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>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>Multimedia Gen. Pollution Control Permit</u></p> <p>Permit/Coverage No.: <u>MSG 201564</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: <u>March 24, 2014</u></p> <p>Permit Expiration Date: <u>Jan. 31<sup>st</sup>, 2019</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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