



36850
**DRY LITTER POULTRY ANIMAL FEEDING
 OPERATION GENERAL PERMIT
 NOTICE OF INTENT (DLPNOI)**

RECEIVED

MAR 18 2019

Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 0473. 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: Noland and Terri Skeels

Facility Name: Cole Poultry LLC

Mailing Address:
 Street or P.O. Box: 2015 Tumblin Rd.

City: Aberdeen State: MS Zip: 39730

Physical Site Address:
 Street (can not be a P.O. Box) 2015 Tumblin Rd.

City: Aberdeen State: MS Zip: 39730

County: Monroe

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): (662) 605-0813

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): (662) 295-4109

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: skeelsfarm@icloud.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 6

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

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: Peco Foods

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: _____ 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:

MORTALITY INCINERATION EQUIPMENT	
For Existing Facilities:	
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: _____
For New Facilities:	
Manufacturer Name: _____	Model Number: _____
Capacity (tons/hour): _____	Fuel Type: _____

IV. CERTIFICATION


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.

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

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.

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.

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.

	3-15-19
Signature of Responsible Official	Date
Terri Skeels	Owner
Printed Name	Title

FOR INFORMATION

If there is no facility modification equipment located at the facility, if in a future date you wish to construct and/or operate facility modification equipment you must submit an updated DCM for completed sections IV, III and VI. Construction and operating facility modification equipment without a modified coverage or issuance of individual permits is a violation of state law.

If there is facility modification equipment located at the facility, complete section below:

EXISTING FACILITY INFORMATION

Facility Name: _____

Has the facility changed the number or type of units since the last DCM? No Yes

Identify Change: _____

Facility Address: _____

Facility Number: _____

Capacity (tons/hour): _____

Facility Type: _____

IV. CONSTRUCTION

Describe the construction project, including the location of the project, the type of construction, and the estimated completion date.

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I understand that my facility manager is responsible for ensuring that all construction projects are submitted to MDCM prior to an expansion date.

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Date: _____

Signature of Facility Manager: _____

Date: _____

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