**Mississippi Department of Environmental Quality**
Office of Pollution Control – Environmental Permits Division
POST OFFICE BOX 2261 • JACKSON, MS 39225-2261
TEL: (601) 961-5171 • FAX: (601) 354-6612
www.mdeq.ms.gov

# DRY LITTER POULTRY ANIMAL FEEDING OPERATIONS GENERAL PERMIT MSG20

# NOTICE OF INTENT

RECEIVED
MAY 02 2022
Dept. of Environmental Quality

## INSTRUCTIONS

All questions must be answered for this notice of intent to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question. Applicant must be the owner and/or operator of the property.

**RE-COVERAGE FOR FACILITIES CURRENTLY COVERED UNDER THE DLPAFO GP MSG20:**
To obtain re-coverage under this general permit (GP), existing facilities shall submit a complete Dry Litter Poultry Notice of Intent (DLPNOI) to the MDEQ within 30 days of the date of the Letter of Instruction for Re-Coverage. If a current Comprehensive Nutrient Management Plan (CNMP) is not on file at MDEQ then a current plan must be submitted with the DLPNOI. The CNMP must include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, land application field(s), composting area, litter storage structure, etc.).

If the previous coverage included regulated construction activities greater than 5 acres which need to be continued then a Large Construction Notice of Intent (LCNOI) must be completed and submitted to MDEQ with the DLPNOI. For construction activities disturbing 1 – 5 acres, the requirements for Small Construction Storm Water must be implemented.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Dry Litter Poultry Forms Package. Facilities that continue to operate without applicable permit coverage are in violation of state law. The DLPNOI is not required to be submitted if the facility is submitting a request for termination of coverage.

**COVERAGE FOR NEW OR EXPANDING FACILITIES:**
For new or expanding facilities, in addition to the DLPNOI, the following additional submittals may be required:

- A Storm Water Pollution Prevention Plan (SWPPP), and LCNOI for construction activities totaling five (5) acres or more
- Contiguous Land Owner Notification(s) as identified in Condition S-2, ACT 2 of the DLPAFO GP No. MSG20. The notification should include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, composting area, litter storage structure, etc.).
- Buffer Zone Waiver(s)
- Appropriate Section 404 Documentation ( Wetlands)

All forms must be submitted to: Chief, Environmental Permits Division, Mississippi Department of Environmental Quality, PO Box 2261, Jackson, Mississippi 39225-2261.

*For construction activities disturbing 1 -5 acres, the Small Construction Notice of Intent (SCNOI) and SWPPP must be completed, but not submitted.

The Construction Storm Water General Permits, NOI and other required forms can be found at the following link:

https://www.mdeq.ms.gov/permits/environmental-permits-division/generalpermits/

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

COVERAGE NUMBER: MSG20 0841 ___. 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: Gary or Laura Scarborough

Facility Name: Gary or Laura Scarborough

Mailing Address:

Street or P.O. Box: 527 Oil Well Rd.

City: Ovett State: MS Zip: 39464

Physical Site Address:

Street (can not be a P.O. Box) Same as above

City: _____ State: _____ Zip: _____

County: _____

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): _____

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-498-3703

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : _____

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

- [X] Existing operation NOT proposing expansion. Number of existing houses: 4
- [X] Existing operation of an incinerator(s). Number of existing incinerator(s): 1
- [ ] New or expanding operation. Number of proposed houses: ____ Number of proposed incinerators: ____



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## 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: 3/2022 Expiration Date: 2/2027

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?

☒ No ☐ 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.

Laura Scarborough _____ 3/14/22 _____

*Signature of Responsible Official* *Date*

Gary or Laura Scarborough _____ Owner/Operator _____

*Printed Name* *Title*