

ALL 1734
Jasper Co.

RECEIVED
JAN 2 2024

Environmental Permits for Industrial Facilities 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>KEITH LOFTIN POULTRY</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>96 CR 10</u></p> <p>City: <u>STRINGER</u> State: <u>MS</u> Zip: <u>39481</u></p> <p>County: <u>JASPER</u></p> <p>Telephone: ()</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>DEREK WAGNER</u></p> <p>Title: <u>OWNER</u></p> <p>Mailing Address::</p> <p>Street/P.O. Box: <u>352 CR 73</u></p> <p>City: <u>STRINGER</u> State: <u>MS</u> Zip: <u>39481</u></p> <p>Telephone () <u>577-7727</u></p>		
<p>Item III.</p> <p>Previous Permittee: <u>KEITH LOFTIN</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>239 FOREST HOUFIELD RD</u></p> <p>City: <u>TAYLORSVILLE</u> State: <u>MS</u> Zip: <u>39168</u></p> <p>Telephone: () <u>729 8734</u></p>	<p>Item IV.</p> <p>New Permittee: <u>DEREK WAGNER</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>352 CR 73</u></p> <p>City: <u>STRINGER</u> State: <u>MS</u> Zip: <u>39481</u></p> <p>Telephone: () <u>577-7727</u></p>		
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</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>DEREK WAGNER</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>DEREK WAGNER POULTRY</u></p> <p>Authorized Signature: <u>Derek Wagner</u></p> <p>Title: <u>OWNER</u> Date: <u>11-29-23</u></p>		
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>KEITH LOFTIN</u></p> <p>To: <u>DEREK WAGNER</u> Acquisition Date: <u>11-29-23</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 data-bbox="97 1564 779 1795"> <p><u>DEREK WAGNER</u></p> <p>Print New Permittee Name</p> <p><u>Derek Wagner</u></p> <p>New Authorized Signature</p> <p><u>OWNER</u></p> <p>Title</p> <p>Date: <u>11-29-23</u></p> </td> <td data-bbox="779 1564 1510 1795"> <p><u>KEITH LOFTIN</u></p> <p>Print Previous Permittee Name</p> <p>Previous Authorized Signature</p> <p>Title</p> <p>Date</p> </td> </tr> </table> <p>¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. ² 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>		<p><u>DEREK WAGNER</u></p> <p>Print New Permittee Name</p> <p><u>Derek Wagner</u></p> <p>New Authorized Signature</p> <p><u>OWNER</u></p> <p>Title</p> <p>Date: <u>11-29-23</u></p>	<p><u>KEITH LOFTIN</u></p> <p>Print Previous Permittee Name</p> <p>Previous Authorized Signature</p> <p>Title</p> <p>Date</p>
<p><u>DEREK WAGNER</u></p> <p>Print New Permittee Name</p> <p><u>Derek Wagner</u></p> <p>New Authorized Signature</p> <p><u>OWNER</u></p> <p>Title</p> <p>Date: <u>11-29-23</u></p>	<p><u>KEITH LOFTIN</u></p> <p>Print Previous Permittee Name</p> <p>Previous Authorized Signature</p> <p>Title</p> <p>Date</p>		



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



COVERAGE NUMBER: MSG20 0941. 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: DEREK WAGNER

Facility Name: DEREK WAGNER POULTRY

Mailing Address:
Street or P.O. Box: 352 CR 73

City: STRINGER State: MS Zip: 39481

Physical Site Address:
Street (can not be a P.O. Box) 96 CR 10

City: STRINGER State: MS Zip: 39481

County: JASPER

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

(For new facilities) Nearest named receiving stream: _____

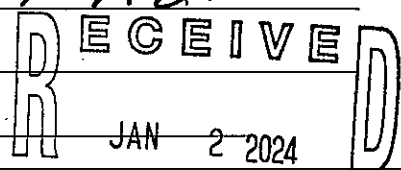
Facility Telephone No. (Include Area Code): 601 577-7727

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601 577-7727

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: BIGVIR685@YAHOO.COM



B. ACTIVITY TYPE (Check all that apply)

MDEQ

Existing operation NOT proposing expansion. Number of existing houses: 4

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

New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

RECEIVED
JAN 2 2024
MDEQ

- 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: 1 ADDITIONAL INCINERATOR

For New Facilities:
Manufacturer Name: _____ Model Number: _____
Capacity (tons/hour): _____ Fuel Type: PROPANE

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.

Derek Wagner
Signature of Responsible Official

11-25-23
Date

DEREK WAGNER
Printed Name

OWNER
Title



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



COVERAGE NUMBER: MSG20 0949. 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: Burl Keith Loftin

Facility Name: Keith Loftin Poultry

Mailing Address:

Street or P.O. Box: 239 Forest/Holifield Rd

City: Taylorville State: MS Zip: 39168

Physical Site Address:

Street (can not be a P.O. Box) 96 CR 10

City: Stringer State: MS Zip: 39481

County: Tasper

(For new facilities) Latitude (degrees min sec): 31.857399 Longitude: -89.246908

(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): _____

Other Contact Phone Numbers (Include Area Code): 601-729-8734

Contact Email: _____

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 4

Existing operation of an incinerator(s). Number of existing incinerator(s): 1

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: Pecco

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: Aug 2015 Expiration Date: July 2020

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:

<u>MORTALITY INCINERATION EQUIPMENT</u>	
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: <u>Propane</u>	

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.	
<ul style="list-style-type: none">• 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.	
<u>Keith Coffin</u> _____ Signature of Responsible Official	<u>5-14-19</u> _____ Date
<u>Keith Coffin</u> _____ Printed Name	<u>Owner</u> _____ Title