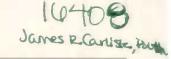
New Owner





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



. GENERAL	INFORMATION	10473 67
A. CONTACT A	AND FACILITY INFORMA	FION Dept of Environmental Quality Granger, Jr.
Name of Owner:	Derrel C. (Granger, Jr.
Facility Name:	4 Granger	Farm, LLC
Mailing Address:		
Street or P.O	908 Box:908	HWY 472
City:	Hazlehurst	State: MS Zip: 39083
Physical Site Address	s:	
Street (can no	ot be a P.O. Box)	2081 Swilley Road
City:	Wesson	State:MSZip:39191
County: _	Copiah	
(For new fac	ilities) Latitude (degrees/min/sec	c): Longitude:
(For new fac	ilities) Nearest named receiving	stream:
acility Telephone N	o. (Include Area Code):	601-894-1385
Facility Fax No. (Inc.)	lude Area Code):	
Contact Cell Phone N	lo. (Include Area Code):	601-717-0012
Other Contact Phone	Numbers (Include Area Code):	
Contact Email:	DCgrangerjr@hotmail.	com

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. broil	ers or lavers)?	
X No Yes – Identify Changes:			
A No res - Identity Changes.			
For New Facilities: Check type and indicate amount			
☐ Broiler (SIC 0251):	Pullet/Breeder	(0252):	
B. CONTRACT INFORMATION			
Is this facility a contract operation?	X Yes- Inte	grator Name: Sander	son Farms
C. TYPE OF DRY LITTER STORAGE AN	D CAPACITY		
For Existing Facilities: Has the facility changed the litter storage type or	the capacity?		
☐ 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 Nutricurrent then complete the dates below:	ient Management Pla	then one must be submit	tted, if your CNMP is
Development Date: 2/24/2009	Expiration Date:	2/24/2014	
The comprehensive nutrient management plan (C and an updated nutrient management plan must be	NMP) identified above submitted to MDEQ	e expires five years from prior to its expiration date	the date it was developed

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. X 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? X 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. 5/8/2014 Signature of Responsible Official Date Derrel C. Granger, Jr. New Owner Printed Name Title

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY