17461
GNP20090001

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

COVERAGE NUMBER: MSG20 0143. 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.

RECEIVED
MAY - 6 2016
Dept. of Environmental Quality

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: Malcolm Edwards

Facility Name: Malcolm Edwards Poultry Farm

Mailing Address:

Street or P.O. Box: 34 Good Hope church Rd.

City: Richton State: MS. Zip: 39476

Physical Site Address:

Street (can not be a P.O. Box) 34 Good Hope Church Rd.

City: Richton State: MS- Zip: 39476

County: Perry

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-408-2996

Facility Fax No. (Include Area Code): 601-728-9233

Contact Cell Phone No. (Include Area Code): 601-408-2996

Other Contact Phone Numbers (Include Area Code): 601-728-9233

Contact Email : [illegible]@southnet

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): 0

☐ 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): 84,000 ☐ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? ☐ No ☑ Yes- Integrator Name: Wayne 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: _____ 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.