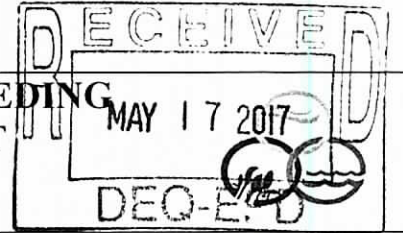


AC# 71800
GMP20170001



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



COVERAGE NUMBER: MSG20 1944. 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: Mark Harrison

Facility Name: Pleasant Valley Farm

Mailing Address:

Street or P.O. Box: 1113 Pleasant Valley Rd.

City: McComb State: Mo. Zip: 39648

Physical Site Address:

Street (can not be a P.O. Box) 1113 Pleasant Valley Rd.

City: McComb State: Mo Zip: 39648

County: Pike

(For new facilities) Latitude (degrees/min/sec): N31°16'5.64" Longitude: W31°4'7.4"

(For new facilities) Nearest named receiving stream: Silver Creek

Facility Telephone No. (Include Area Code): 985-514-0265

Facility Fax No. (Include Area Code): NA

Contact Cell Phone No. (Include Area Code): 985-514-0265

Other Contact Phone Numbers (Include Area Code): 985-514-8276

Contact Email: Mark.Harrison1167@aol.com

B. ACTIVITY TYPE (Check all that apply)

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

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

New or expanding operation. Number of proposed houses: 8 Number of proposed incinerators: 0

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): 184,000. Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: Sanderson Farm

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): 2232 tons/yr

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: 5-15-17 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.

