

ATT# 23697



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



COVERAGE NUMBER: MSG20 0950 . 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

RECEIVED  
SEP 16 2019

Name of Owner: Brandon and Leah Kirkland

Facility Name: Brandon Kirkland

Dept. of Environmental Quality

Mailing Address:

Street or P.O. Box: 336 CR 1537

City: Bay Springs State: MS Zip: 39422

Physical Site Address:

Street (can not be a P.O. Box) 229 CR 1537

City: Bay Springs State: MS Zip: 39422

County: Jasper

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

(For new facilities) Nearest named receiving stream: n/a

Facility Telephone No. (Include Area Code): 601-764-2516

Facility Fax No. (Include Area Code): n/a

Contact Cell Phone No. (Include Area Code): 601-807-0494

Other Contact Phone Numbers (Include Area Code): n/a

Contact Email : Kirklandsurveying@gmail.com

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

☒ Existing operation NOT proposing expansion. Number of existing houses: 6

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

☐ New or expanding operation. Number of proposed houses: n/a Number of proposed incinerators: n/a



NOTICE OF INTENT (DRAFT)  
OPERATION GENERAL PERMIT  
DAY FIFTEEN POLLUTION ABATEMENT

COVERABLE NUMBER: M0030 0000  
For a copy of the covering and the terms of the covering, please contact the project officer of the project. The covering and the terms of the covering can be found on the project officer's website or in the project officer's office. The project officer's office is located at the Department of the Environment and Heritage, Canberra.

2. COVERABLE INFORMATION

A. COVERABLE AND FACILITY INFORMATION  
RECEIVED  
11/11/00

Facility Name: Brandon Kingsland  
Mailing Address: Bay Springs  
Special or P.O. Box: 300 OR 1837  
City: Bay Springs  
Physical Site Address: 300 OR 1837  
City: Bay Springs  
County: Jasper  
(For new facilities) Include addresses of all existing facilities.  
(For new facilities) Include names of existing facilities.  
Coverable Number: M0030 0000  
Project Officer: [Name]  
Project Officer Phone: [Number]  
Project Officer Fax: [Number]

Facility Ref No. (Include Area Code):  
County or State Ref No. (Include Area Code):  
Other Contact Name (Include Area Code):  
Contact Email: [Email Address]

B. ACTIVITY TYPE (Check all that apply)  
☐ Existing operation NOT proposing expansion. Number of existing facilities: [Number]  
☐ Existing operation of an industrial facility. Number of existing facilities: [Number]  
☐ New or expanding operation. Number of proposed facilities: [Number]

## 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): n/a    ☐ Pullet/Breeder (0252): n/a

### B. CONTRACT INFORMATION

Is this facility a contract operation?    ☐ No    ☒ Yes- Integrator Name: Peco

### 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): n/a

### 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: Nov 2016    Expiration Date: Oct 2021

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.

UNITED STATES DEPARTMENT OF AGRICULTURE

STATEMENT OF WORK

The following statement of work is hereby agreed to by the undersigned parties.

Project Name: [ ]

Project Number: [ ]

Project Start Date: [ ]

Project End Date: [ ]

SCOPE OF WORK

The project will consist of the following tasks:

DELIVERABLES

The following deliverables are expected from the project:

Project Manager: [ ]

Project Sponsor: [ ]

APPENDIX A

This appendix contains additional information regarding the project.

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### 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: n/a Model Number: n/a

Capacity (tons/hour): n/a Fuel Type: n/a

### IV. CERTIFICATION

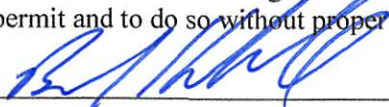
**Note:** This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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.



Signature of Responsible Official

Brandon Kirkland  
Printed Name

9-13-19

Date

Owner  
Title

1. NAME OF THE PARTY

2. ADDRESS OF THE PARTY (Street, City, State, and Zip Code)

3. DATE OF BIRTH (Month, Day, and Year)

4. SOCIAL SECURITY NUMBER

5. TYPE OF SERVICE

6. DATE OF ENTRY INTO SERVICE

7. TYPE OF SERVICE

8. DATE OF ENTRY INTO SERVICE

9. TYPE OF SERVICE

10. DATE OF ENTRY INTO SERVICE

11. TYPE OF SERVICE

12. DATE OF ENTRY INTO SERVICE

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40. DATE OF ENTRY INTO SERVICE