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.
V	Yes, there is mortality incineration equipment located at the facility. Complete section below:
	MORTALITY INCINERATION EQUIPMENT
	or Existing Facilities: as the facility changed the number or type of incinerators, or the fuel type burned?
	No Yes - Identify Changes:
Fo Ma	pacity (tons/hour): Fuel Type: LP / gas
Ca	pacity (tons/hour): Fuel Type: LP / ga 5
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.
	FM. Essury 6/30/2020
	Signature of Responsible Official Date
	T.J. ESSARY Owner
	Printed Name Title