AI#781



CONCENTRATED ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



COVERAGE NUMBER: MSG22 <u>O</u> <u>O</u> <u>O</u> <u>O</u> <u>O</u> <u>O</u> 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
Facility Name: Bacon Bits, Inc. Number Z
Owner Name: Benny + Lisa Chandler
Mailing Address - Street or P.O. Box: 213 CR58
City: Woodland State: MS Zip: 39776
Physical Site Address - Street (can not be a P.O. Box): 172 CR70
City: Woodland State: WS Zip: 39776
County: Chickesaw Latitude: N 33° 48.167' Longitude: W 089° 07.553'
Facility Telephone: (662) 456 - 4871 Fax: () N/A
Contact Cell No.: (662) 255 - 6602 Other: (662) 456 -4305
Contact Email: Imh chandler & gmail.com
If Contract operation: Name of Integrator:
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS
A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)
No. In Open No. Housed No. In Open No. Housed Type Confinement Under Roof Type Confinement Under Roof
Swine (55 lbs. or over) Dairy Cows
Swine (under 55 lbs.) Chickens (broilers) Heifers Veal Calves
Chickens (layers) Other: Specify
Cattle (not dairy or veal calves)
B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE
1. How much manure, litter, and wastewater is generated annually by the facility? tons ortons or
2. How many acres of land, under the control of the applicant, are available for land application?loo acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons?N_A tonsN_A gallons





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II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

C. TYPE OF CONTAINMENT, STORAGE AND WASTEWATER (Check all that apply and indicate	CAPACITY FOR MANURE, LITTER AND PROCESS total days of storage and their capacity)							
Type Anaerobic Lagoon Roofed Storage Shed Impervious Soil Pad Total Capacity (in gal 3, 6 46, 478	lons) Type Total Capacity (in gallons) Storage Lagoon Concrete Pad Other: Specify							
D. NUTRIENT MANAGEMENT PLAN (NMP)								
1. Number of existing houses/barns: Number of proposed houses/barns:								
<u> </u>	prehensive Nutrient Management Plan (CNMP).							
CNMP Development Date: 3 20 17	CNMP Expiration Date: 3 2022							
3. A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP. Yes No								
Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.								
III. CONSTRUCTION AND/OR OPERATION	N OF AN ANIMAL MORTALITY INCINERATOR							
No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.								
Yes, there will be mortality incineration equipment located at the facility. Complete Section III.								
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR							
Manufacturer Name:	☐ Single Chamber							
Model Number:	☐ Multiple Chamber							
Capacity (tons/hour):	Other, describe							
TOTAL NUMBER OF INCINERATORS AND	THEIR DATES OF CONSTRUCTION							
Total number of incinerators on site:								
1. Manufacture Date: Latitu 2. Manufacture Date: Latitu 3. Manufacture Date: Latitu	de: Longitude:							
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IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, as follows:

- 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 MDEO 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.

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Signa	ture	of	Respon	sible	Offic	cial

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9-28-20 President