



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



COVERAGE NUMBER: MSG20 2017. 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:

Michael Hopper

Facility Name:

Michael Hopper Poultry Farm

MDEQ

Mailing Address:

Street or P.O. Box:

5231 CR #204

City:

Tiptonville

State:

MS

Zip:

38674

Physical Site Address:

Street (can not be a P.O. Box)

3391 CR 239

City:

Tiptonville

State:

MS

Zip:

38674

County:

Tipton

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

34° 45' 10.117N

Longitude:

88° 59' 99.654W

(For new facilities) Nearest named receiving stream:

Facility Telephone No. (Include Area Code):

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code):

662-223-1187

Other Contact Phone Numbers (Include Area Code):

662-223-0661

Contact Email:

hoppersbattery@gmail.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: 1 Number of proposed incinerators: 1

### 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: NATIONAL INCINERATOR Model Number: DESTROYER JR

Capacity (tons/hour): \_\_\_\_\_ Fuel Type: PROPANE

### IV. CERTIFICATION

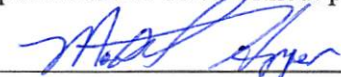
**Note:** This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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

Michael Hopper  
Printed Name

2-1-21

Date

OWNER / OPERATOR  
Title



## 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): \_\_\_\_\_ ☒ Pullet/Breeder (0252): 12,000

### B. CONTRACT INFORMATION

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

### 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): TRANSFERRED 160 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.



## Manure Export Plan – Export Only (MXP) (Version 3, 8/17/2016 Format)

The Manure Export Plan (MXP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This MXP documents the planning decisions and operation and maintenance information for the AFO.

**Farm/Facility:** Michael Hopper  
c/o Michael Hopper  
5231 CR 204  
Tiptersville, MS 38674

**Owner/Operator:**

**Plan Period:** Apr 2015 - Mar 2020

### Certified Conservation Planner

As a Certified Conservation Planner, I certify that I have reviewed the *Manure Export Plan* and that the elements of the documents are technically compatible, reasonable and can be implemented.

Signature: Wallace H. Cade Date: 4-2-2021  
Name: Wallace H. Cade  
Title: Supervisory District Conservationist TSP Certification Credentials:

### Conservation District (Optional)

As a Conservation District employee, I have reviewed the *Manure Export Plan* and concur that the plan meets the District's conservation goals.

Signature: [Signature] Date: 4/2/21  
Name:  
Title:

### Owner/Operator

As the owner/operator of this MXP, I, as the decision maker, have been involved in the planning process and agree that the items/practices listed in each element of the MXP are needed. I understand that I am responsible for keeping all necessary records associated with implementation of this MXP. It is my intention to implement/accomplish this MXP in a timely manner as described in the plan.

Signature: [Signature] Date: 4-2-21  
Name:



RIPLEY SERVICE CENTER  
733-B LINE STREET  
RIPLEY, MS 38663  
(662) 837-4464

## Conservation Plan

MICHAEL HOPPER  
5231 CR 204  
WALNUT, MS 38674

Install the conservation practices, enhancements, and activities according to the implementation requirements, designs, construction plans, or other documents that facilitate meeting the applicable NRCS technical criteria. If you do not have such information, contact your local office before starting to install your conservation practices, enhancements, and activities.

### Composting Facility (317)

Compost Facility - Construct a structure or install a device to contain and facilitate an aerobic microbial ecosystem for the decomposition of manure, other organic material, or both, into a final product sufficiently stable for storage, onfarm use, and application to land as a soil amendment.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
9913	20	1.00 No	01	2021	--	--

### Comprehensive Nutrient Management Plan - Applied (103)

All planned practices contained in the written Comprehensive Nutrient Management Plan are applied according to NRCS standards and specifications.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
9913	20	1.00 No	01	2021	--	--

### Comprehensive Nutrient Management Plan - Written (102)

Utilize a certified Technical Service Provider (TSP) to develop a Comprehensive Nutrient Management Plan that addresses the handling, storage, and application of animal waste in an environmentally safe manner.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
9913	20	1.00 No	04	2021	--	--

### Waste Recycling (633)

Waste Recycling - Utilize nonagricultural waste by-products for on-farm uses, or agricultural waste by-products for off-farm uses.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
9913	20	1.00 No	01	2021	-	-

CERTIFICATION OF PARTICIPANTS

Michael Hopper 4-2-21  
MICHAEL HOPPER DATE

CERTIFICATION OF:

W. H. Hopper 4-2-21  
CERTIFIED PLANNER DATE

CONSERVATION DISTRICT  
F. V. Carr 4/21  
TIPPAH COUNTY SOIL &  
WATER CONSERVATION  
DISTRICT DATE

#### PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

#### PRIVACY ACT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

#### USDA NON-DISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or participating in a program that receives financial assistance from USDA, you may file a complaint with USDA. Information about how to file a discrimination complaint is available from the Office of the Assistant Secretary for Civil Rights. USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex (including gender identity and expression), marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, complete, sign, and mail a program discrimination complaint form, available at any USDA office location or online at [www.ascr.usda.gov](http://www.ascr.usda.gov), or write to USDA Office of the Assistant Secretary for Civil Rights.

1400 Independence Avenue, SW

Washington, DC 20250-9410

Or call toll free at (866) 632-9992 (voice) to obtain additional information, the appropriate office or to request documents. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider, employer, and lender. Persons with disabilities who require alternative means for communication of program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).



To Whom it may concern:

I, Michael Hopper of 5231 CR 204 Tiplersville, MS had previously obtained the proper permits for the construction and operation of a poultry barn with Aviagen at 5431 CR 204 Tiplersville, MS. Engineers concluded that the groundwork would be cost prohibitive for construction at this location. We have agreed on a new site (3391 CR 239) that Aviagen engineers have approved. It is on the same farm, in the same block of land, but located on a different county road. There are no houses within the buffer zone and no landowners will need to be contacted as it is the same landowners that were previously notified.

Michael Hopper

A handwritten signature in black ink, appearing to read 'Michael Hopper', written over a horizontal line.

4-7-21

DATE 2-1-21

911 Registration Form

Name of Resident/Business

Gim Hopper Farms

837-4577

Name Meter Is In (if different)

Purchased ☐ From

New Structure ☐ Land Purchased From

Rental ☐ Property Owner

House No.

3391

Street Name/No.

CR 239

Phone No.

283-1181

City

Tiptonville

Nearest Neighbor

Map

Section

Parcel

This Section For Mobile Homes Only

Make

Model

Width

Length

Color

Previous Resident

Moved From

Issued By

TS

1:26



3D

①

B



②

1- OLD PROPOSED SITE

2- NEW SITE

ALL PROPERTY OUTLINED IN SILVER IS OWNED BY ME

79°

AQI 32

Search for a place or address





