



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



COVERAGE NUMBER: MSG20 0978. 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:

Shawn Stringer

Facility Name:

Double S Farm of Bay Springs Inc

Mailing Address:

Street or P.O. Box:

2303 CR 23

City:

Bay Springs

State:

MS

Zip:

39422

Physical Site Address:

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

City:

MAY 10 2021

State:

Zip:

County:

Jasper

MDEQ

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

Longitude:

(For new facilities) Nearest named receiving stream:

Facility Telephone No. (Include Area Code):

601 764-9852

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code):

601 764-8655

Other Contact Phone Numbers (Include Area Code):

Contact Email:

Stringer Tommie @ yahoo.com

B. ACTIVITY TYPE (Check all that apply)

☐ Existing operation NOT proposing expansion. Number of existing houses: 4

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

☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF



MEMORANDUM FOR THE CHIEF OF STAFF
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

DRY LITTER POULTRY FEEDING OPERATION CHARACTERISTICS

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): _____

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): _____

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: April 2021 Expiration Date: March 2026

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

ANNUAL REPORT

For the year ending June 30, 1911
Presented to the Senate and House of Representatives
at their special session, July 1, 1911
by the Secretary of Agriculture
J. H. COOPER
Washington, D. C.

Printed by the Government Printing Office

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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: _____ Model Number: _____

Capacity (tons-hour): _____ Fuel Type: _____

IV. CERTIFICATION

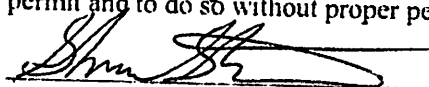
Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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

5-5-21

Date

Shawn Stringer

Printed Name

Title

