

For Renewal



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



COVERAGE NUMBER: MSG20 0646. 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

R E C E I V E D
JUL 29 2021

Name of Owner: Michael J. McClendon

Facility Name: McClendon Farm **MDEQ**

Mailing Address:

Street or P.O. Box: 6032 Thompson Rd.

City: Liberty State: MS Zip: 39645

Physical Site Address:

Street (can not be a P.O. Box) 6032 Thompson Rd.

City: Liberty State: MS Zip: 39645

County: Amite

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

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-810-4554

Facility Fax No. (Include Area Code): N/A

Contact Cell Phone No. (Include Area Code): 601-810-4554

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: mcclendon-racing@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 12

☐ Existing operation of an incinerator(s). Number of existing incinerator(s): 0

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

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): _____

B. CONTRACT INFORMATION

Is this facility a contract operation?

☐ No

☒ Yes- Integrator Name: Sanderson Farms

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: 5/24/19 Expiration Date: 4/30/24

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.

11. BOY LITTER PICKUP FLEETING OPERATION CHARACTERISTICS

A. THE AMOUNT OF CHARGE

For Existing Facilities:

Has the facility changed the number of hours or annual pickup hours or days?

☐ No ☐ Yes - (Specify) (Specify)

For New Facilities:

Check appropriate business amount

☐ Monthly ☐ Quarterly ☐ Annually

B. CONTRACT INFORMATION

Is this facility a contract operation?

☐ No

☐ Yes - (Specify) (Specify)

C. COLLECTION INTERSTORAGE AND CAPACITY

For Existing Facilities:

Has the facility changed the interstorage type or capacity?

☐ No ☐ Yes - (Specify) (Specify)

For New Facilities:

Is type of interstorage and capacity noted?

D. MATERIAL MANAGEMENT

If you do not have a contract (agreement) with the local authority, please describe the type of material management you use below.

For the purpose of this survey, the following definitions apply:

The term "material management" refers to the handling, storage, and disposal of litter. It includes the collection, sorting, and disposal of litter, as well as the maintenance of collection equipment and facilities.

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: _____ 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

7/28/21

Date

Signature of Responsible Official

Date

Michael J. McLeod

Printed Name

Owner

Title

807ABR/104

Abstract—The purpose of this study was to determine the effect of a 12-week training program on the physical fitness of sedentary, middle-aged men. The subjects were divided into two groups: a control group and an exercise group. The exercise group performed a 12-week training program consisting of aerobic and resistance training. The control group did not exercise. Physical fitness was measured at baseline and at the end of the 12-week program. The exercise group showed significant improvements in aerobic fitness, muscle strength, and body composition compared to the control group.

estimated by the following:

DATE: 10/10/1977

unpublished manuscript

1974

multivariate analysis

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... ..

Ushbu qonun qabul qilinishi o'zaro manfaatli bo'lganlikni ko'rsatib beradi. Ushbu qonun qabul qilinishi o'zaro manfaatli bo'lganlikni ko'rsatib beradi. Ushbu qonun qabul qilinishi o'zaro manfaatli bo'lganlikni ko'rsatib beradi.

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1. Untuk meningkatkan kemampuan berpikir kritis dan kreatif siswa, maka perlu diberikan latihan yang lebih banyak. Hal ini dapat dilakukan dengan cara memberikan tugas yang menantang dan menguji kemampuan berpikir kritis dan kreatif siswa. Misalnya, guru dapat memberikan tugas yang mengharuskan siswa untuk mencari informasi dari berbagai sumber, menganalisis informasi tersebut, dan membuat kesimpulan. Selain itu, guru juga dapat memberikan tugas yang mengharuskan siswa untuk mengidentifikasi masalah, merencanakan solusi, dan melaksanakan solusi tersebut.

Signature of Responsible Official

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