ATH 66946



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



COVERAGE NUMBER: MSG20 [ 8 0]. 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			
Na	ame of Owner: Joe H. Tones Jr.			

Name of Owner: JORES Jr.			
Facility Name: Jones Paultry Farm			
Mailing Address:			
Street or P.O. Box: P.O. Box			
City: Harpersille State: Ms Zip: 39080			
Physical Site Address:			
Street (can not be a P.O. Box) 2257 Midway - OSom Road			
City: Forest State: MS Zip: 39074			
County: Scott			
(For new facilities) Latitude (degrees/min/sec): Longitude:			
(For new facilities) Nearest named receiving stream:			
Facility Telephone No. (Include Area Code):  601-575-8433			
Facility Telephone No. (Include Area Code):  601-575-`8433			
Facility Telephone No. (Include Area Code):  Facility Fax No. (Include Area Code):  N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Facility Fax No. (Include Area Code):			
Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):			
Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Other Contact Phone Numbers (Include Area Code):			
Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Other Contact Phone Numbers (Include Area Code):  Contact Email: hjones 04125709 mail-90v			
Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Cother Contact Phone Numbers (Include Area Code):  Contact Email:			
Facility Fax No. (Include Area Code):  Contact Cell Phone No. (Include Area Code):  Other Contact Phone Numbers (Include Area Code):  Contact Email:  DioNes 041257egmail-gov  B. ACTIVITY TYPE (Check all that apply)  Existing operation NOT proposing expansion. Number of existing houses:			

Appendix A (ACT 2, S-1)

DEC 29 REC'D

Page 1 of 3



## 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	·		
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:   SON	<u>;</u>		
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. <u>NUTRIENT MANAGEMENT PLAN</u>	•		
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: 11/14/14 Expiration Date: Sept. 2019	•		
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.			
See letter from NRCS-autoiting Plan deselopement	$\frac{1}{2}$		
deseloperroll	-		

## III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

construct and/or operate poultry mortality incine	uipment located at the facility. If at a future date you wish to eration equipment, you must submit an updated DLPNOI by			
completing Sections IA, III and IV. Constructing modified coverage or issuance of individual per	ig and operating poultry mortality incineration equipment without a			
Yes, there is mortality incineration equipment lo	cated at the facility. Complete section below:			
MORTALITY INCINERATION EQUIPME	NT			
For Existing Facilities: Has the facility changed the number or type of incin	erators, or the fuel type burned?			
☐ No ☐ Yes – Identify Changes:				
For New Facilities: Manufacturer Name:	Model Number:			
Capacity (tons/hour):	Fuel Type:			
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				
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 understand when coverage is terminated I am no I permit and to do so without proper permit coverage.  Signature of Responsible Official	ribed in the original notice of intent. Also, I certify that I longer authorized to operate activities identified under this general ge is in violation of state law.    12   18   2021     Date			
Joe H. Jones	Ir Ower/President Title Legal Brown			



## United States Department of Agriculture

NATURAL RESOURCES CONSERVATION SERVICE Newton County Office 76 Little Rock Decatur Rd Decatur, MS 39327 601-635-2327 ext. 3

Scott County Office 1099 Hwy 35 S. Forest, MS 39074 601-469-3464 ext. 3

October 14, 2021

Harold Jones

Re: Request for Assistance- Agricultural Waste Management Plan

To Whom It May Concern:

The Natural Resource Conservation Service has received a request from you for your farm located in The Scott and Newton County Work Team to assist in the development of an Agricultural Waste Management Plan for their poultry operation. Our agency prides itself on providing timely assistance to its customers. We intend to assist in the development of the requested waste management plan for this producer to comply with all local, state, and federal regulations. However, at the present time our office is collecting all pertinent data associated with the operation requesting assistance, as well as evaluating applications for NRCS cost share assistance programs.

Currently we are also assisting producers who request technical assistance in completing the Notice of Intent to continue operating their confined animal feeding operations.

We pledge to devote our full attention to producers in the development on their nutrient management plans and thank you for your request for technical and /or financial assistance via Mississippi USDA/ NRCS. We look forward to working with you to conserve our nation's precious natural resources.

Thanks,

Joseph M. Addy District Conservationist