



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

ACT 2444  
Clayton

COVERAGE NUMBER: MSG220020. 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

RECEIVED  
DEC 30 2021

Facility Name: M and N Nurseries  
Owner Name: Michael Shinn  
Mailing Address - Street or P.O. Box: 1244 Joe Stearns Rd, MDEQ  
City: Cedar Bluff State: MS Zip: 39741  
Physical Site Address - Street (can not be a P.O. Box): same  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Facility Telephone: (662) 295-2327 Fax: (\_\_\_\_)  
Contact Cell No.: (662) 295-2327 Other: (\_\_\_\_)  
Contact Email: avmedic521@gmail.com  
If Contract operation: Name of Integrator: Prestige Farms

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

### A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input type="checkbox"/> Swine (55 lbs. or over)			<input type="checkbox"/> Dairy Cows		
<input checked="" type="checkbox"/> Swine (under 55 lbs.)	-	7360	<input type="checkbox"/> Heifers		
<input type="checkbox"/> Chickens (broilers)			<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Chickens (layers)			<input type="checkbox"/> Other: Specify		
<input type="checkbox"/> Cattle (not dairy or veal calves)					

### B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- How much manure, litter, and wastewater is generated annually by the facility? 40 tons or 1,987,200 gallons
- How many acres of land, under the control of the applicant, are available for land application? 58.7 acres
- How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 50 tons 0 gallons

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)

### C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER (Check all that apply and indicate total days of storage and their capacity)

Type	Total Capacity (in gallons)	Type	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<u>L-1, 813, 886, L-2, 4, 510, 859</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input checked="" type="checkbox"/> Other: Specify	<u>composter - 130 T.</u>

### D. NUTRIENT MANAGEMENT PLAN (NMP)

1. Number of existing houses/barns: 4  
Number of proposed houses/barns: N/A

2. Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).

CNMP Development Date: 10-2020

CNMP Expiration Date: 9-2025

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 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

Manufacturer Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

### TYPE OF INCINERATOR

☐ Single Chamber

☐ Multiple Chamber

☐ Other, describe \_\_\_\_\_

### TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: \_\_\_\_\_

1. Manufacture Date: _____	Latitude: _____	Longitude: _____
2. Manufacture Date: _____	Latitude: _____	Longitude: _____
3. Manufacture Date: _____	Latitude: _____	Longitude: _____

#### 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 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 W. Shin  
\_\_\_\_\_  
Name of Responsible Official (Printed or Typed)

04-01-2021  
\_\_\_\_\_  
Date

President  
\_\_\_\_\_  
Title

# Submittal of an Updated Nutrient Management Plan (NMP)

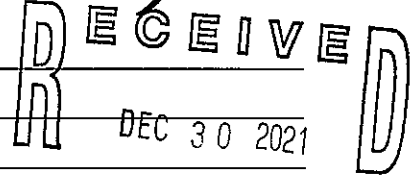
(Use this form when the NMP has been updated but no other changes have occurred at the farm. Examples of changes that would require an updated Concentrated Animal Feeding Operation Notice of Intent (CAFO NOI) to be submitted would include but are not limited to animal type, number of barns, and addition of incineration equipment. Please print.)

Multimedia General Pollution Control Permit Coverage No. MSR22 \_\_\_\_\_ County: Clay

Name of Owner: Michael Shinn

Facility Name: M and N Nurseries

Agency Interest No.: \_\_\_\_\_



- ☐ This updated plan is being submitted because the existing plan is either expired or about to expire and does not include any of the items below but may include other minor changes.
- ☒ This updated plan includes one or more of the following items (please check all that apply):

**NOTE: If any of the following items are marked then the coveragee must wait until written notification is received from MDEQ before implementing these changes.**

- ☒ addition of new land application areas not included in the current plan.
- ☒ changes to the field-specific maximum annual rates for land application and to the maximum amounts of nitrogen and phosphorus derived from all sources for each crop.
- ☒ addition of any crop or other uses not included in the current plan and corresponding field-specific rates of application.
- ☐ changes to site-specific components of the current plan where such changes are likely to increase the risk of nitrogen and phosphorus transport to waters of the U.S.

Please summarize any changes identified above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION:

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.

Michael W. Shinn (602) 295-2327 M. Shinn 4-1-2021  
Permittee/Authorized Name [Print] Telephone Number Signature Date

This form shall be submitted to:

Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225-2261