

35305



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



COVERAGE NUMBER: MSG20 1015. 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 RECEIVED

A. CONTACT AND FACILITY INFORMATION JAN 21 2022

Name of Owner: HOANG VU Dept. of Environmental Quality

Facility Name: LONG QUAN FARM

Mailing Address:  
Street or P.O. Box: 2046 Highway 541 N

City: Magee State: MS Zip: 39111

Physical Site Address:  
Street (can not be a P.O. Box) 2046 Hwy 541 N

City: Magee State: MS Zip: 39111

County: Simpson

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

(For new facilities) Nearest named receiving stream: \_\_\_\_\_

Facility Telephone No. (Include Area Code): (769) 428 6867

Facility Fax No. (Include Area Code): \_\_\_\_\_

Contact Cell Phone No. (Include Area Code): (769) 428 6867

Other Contact Phone Numbers (Include Area Code): \_\_\_\_\_

Contact Email: Lu2\_4ever@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: \_\_\_\_\_

FD

AT 11/1

RECEIVED

NOV 1941

U.S. DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WASHINGTON, D.C.

OFFICE OF THE ASSISTANT SECRETARY

FOR LAND MANAGEMENT

ALBUQUERQUE, NEW MEXICO

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## 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: \_\_\_\_\_

*Tyson*

### 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: 11/11/21    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.





