



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



COVERAGE NUMBER: MSG20 2033. 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

RECEIVED  
APR 12 2022

Name of Owner: Thomas A. Woods

Facility Name: T Woods Farms

MDEQ

Mailing Address:

Street or P.O. Box: 3238 Old HWY 80

City: Forest State: MS Zip: 39074

Physical Site Address:

Street (can not be a P.O. Box) 1206 Sun Rd

City: Lake State: MS Zip: 39092

County: Scott

(For new facilities) Latitude (degrees/min/sec): 32°13'25.2" N Longitude: 89°21'35.8" W

(For new facilities) Nearest named receiving stream: West Tallahala Creek

Facility Telephone No. (Include Area Code): 601-507-3028

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

Contact Cell Phone No. (Include Area Code): 601-507-3028

Other Contact Phone Numbers (Include Area Code): N/A

Contact Email : anwo80@gmail.com

### B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: \_\_\_\_\_

Existing operation of an incinerator(s). Number of existing incinerator(s): \_\_\_\_\_

New or expanding operation. Number of proposed houses: 4 Number of proposed incinerators: 0

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



COVERAGE NUMBER: MSG02-1-1000 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 the coverage.

**I. GENERAL INFORMATION**

**A. CONTACT INFORMATION**

Name of Owner: Thomas A. Woods

Facility Name: T Woods Farms

Mailing Address: \_\_\_\_\_

Address on P.O. Box: \_\_\_\_\_

City: Forest State: MS Zip: 39074

Physical Site Address: \_\_\_\_\_

Address on not a P.O. Box: \_\_\_\_\_

City: Lake State: MS Zip: 39092

County: Itawamba

(For new facilities) latitude (degrees, minutes, seconds) 32° 32' 21" N longitude 88° 17' 38" W

(For new facilities) nearest water body and stream: West Tallahas Creek

Facility telephone number (include area code): 201-807-3128

Facility fax number (include area code): N/A

Contact (cell phone no. (include area code): 601-831-1133

Other Contact (name, number, include area code): N/A

Contact email: awoods0@windi.com

**B. ACTIVITY TYPE (Check all that apply)**

- Existing operation NOT proposing expansion. (Number of existing permits: \_\_\_\_\_)
- Existing operation of an installation. (Number of existing installations: \_\_\_\_\_)
- New or expanding operation. (Number of proposed permits: 0)

## 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): 44,000

### B. CONTRACT INFORMATION

Is this facility a contract operation?     No     Yes- Integrator Name: Tyson Foods

### 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): Compost 50 (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 11, 2022    Expiration Date: April 11, 2027

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.

**II. BRYL FILTER FOUNTAIN FEEDING OPERATION CLEAN CHARACTERISTICS**

**1. TYPE AND AMOUNT OF FEEDERS**

For Existing Facilities:

Has the facility changed the number of houses or animal type (in location or layout)?

Yes  No  Yes - Identify Changes: \_\_\_\_\_

For New Facilities:

Check type and indicate amount:

Baller (800-621-1111)  Baller (800-621-1111)  \_\_\_\_\_

**2. CONTRACT TECHNOLOGY**

Is this facility a contract operation? Yes  No

Yes - Indicate Name: \_\_\_\_\_  
Type of Feeds: \_\_\_\_\_

**3. TYPE OF BRYL FILTER STORAGE AND FACILITY**

For Existing Facilities:

Has the facility changed the filter size or type in the country?

Yes  No  Yes - Identify Changes: \_\_\_\_\_

For New Facilities:

Indicate type of filter, storage and quantity (tons): \_\_\_\_\_  
(Contact 800-621-1111)

**4. CURRENT MANAGEMENT PLAN**

If you do not have a current (quarterly) National Management Plan then one must be submitted if your OADR comment has expired the dates below:

Development Date: \_\_\_\_\_ April 11, 2023  
Expiration Date: \_\_\_\_\_ April 11, 2025

The comprehensive national management plan (OADR) identified above expires 1 year from the date it was developed and an updated national management plan must be submitted to OADR prior to the expiration date.

### 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.

Thomas A. Woods

4-11-22

Signature of Responsible Official

Date

Thomas A. Woods

4-11-22

Printed Name

Title

III. CONSTRUCTION AND/OR OPERATION OF A PORTLAND CEMENT PLANT

INCINERATOR

No, there is no portland cement incineration equipment located at the facility. If at a future date you wish to construct and/or operate portland cement incineration equipment, you must submit an updated DIBNOI by completing Sections III and IV. Constructing and operating portland cement incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

Yes, there is portland cement 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?

Yes - Identify Changes  No

For New Facilities:

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

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

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

Fuel Type: \_\_\_\_\_

IV. CERTIFICATION

Note: This NOI shall be signed according to Guidelines T-17 and T-18 found in ACT 2 of the DPE Inter-Pollution Animal Feeding Operations Management General Permit No. A15020.

- 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 its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and examined the information submitted, based on my review 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 permit and to do so without proper permit coverage is in violation of state law.

Signature of Responsible Official

Date

Printed Name

Title