

30060

# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).  
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).  
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: <u>HOOT-N-Ha</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>300 Bad Dirt Rd</u></p> <p>City: <u>Pelahatchie</u> State: <u>MS</u> Zip: <u>39145</u></p> <p>County: <u>Rankin</u></p> <p>Telephone: <u>(601) 896-5622</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Gregory W. Hull</u></p> <p>Title: <u>President</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>191 N. Brandon Blvd.</u></p> <p>City: <u>Brandon</u> State: <u>MS</u> Zip: <u>39042</u></p> <p>Telephone: <u>(281) 455-3924</u></p>
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<p>Item III.</p> <p>Previous Permittee: <u>Thomas J. Warren</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>P.O. Box 197</u></p> <p>City: <u>Pelahatchie</u> State: <u>MS</u> Zip: <u>39145</u></p> <p>Telephone: <u>(601) 896-5622</u></p>	<p>Item IV.</p> <p>New Permittee: <u>Hull Poultry LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>191 N. Brandon Blvd</u></p> <p>City: <u>Brandon</u> State: <u>MS</u> Zip: <u>39042</u></p> <p>Telephone: <u>(281) 455-3924</u></p>
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<p>Item V.</p> <p>Industrial Activity SIC Code: <u>025</u></p> <p>Brief Description:</p> <p><u>Broiler House</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may required modification prior to change.</p>
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<p>Item VII.</p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Miracle Mile</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Gregory W. Hull</u></p> <p>Authorized Signature: <u>Gregory W. Hull</u></p> <p>Title: <u>President</u> Date: <u>11.1.2021</u></p>
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Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Thomas Warren c/o Regeneia Warren

To: Gregory W. Hull Acquisition Date: 07.01.2021

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

<p><u>Gregory W. Hull</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p><u>Gregory W. Hull</u></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>President</u></p> <p>Title</p> <p><u>11.1.2021</u></p> <p>Date</p>	<p><u>Thomas Warren</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p><u>Regeneia Warren</u></p> <p>Previous Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>6/1/21</u></p> <p>Date</p>
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<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.  
<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 10385**  
**Jackson, Mississippi 39289-0385**  
**(601) 961-5171**

<p>Item X. Storm Water <span style="float: right; font-size: 2em; font-family: cursive;">N/A</span></p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. <span style="float: right; font-size: 2em; font-family: cursive;">N/A</span></p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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**Item XII. Permit(s) and/or Coverage(s) to be Transferred**

<p>Permit Type: <u>Dry Pouch Dry DLPNO1</u></p> <p>Permit/Coverage No.: <u>MSG 200878</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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AF ID: 368120

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p> <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="font-size: 2em; color: blue; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; color: blue; margin: 5px 0;">FEB 23 2022</p> <p style="font-size: 1.5em; color: blue; margin: 0;">MDEQ</p> </div>
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Renewal / - transfer



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



APP 36860

COVERAGE NUMBER: MSG20 \_\_\_\_\_. 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

FEB 23 2022

A. CONTACT AND FACILITY INFORMATION

MDEQ

Name of Owner: Gregory W. Hull

Facility Name: Miracle Mile Farm

Mailing Address:  
Street or P.O. Box: 191 N Brandon Blvd

City: Brandon State: MS Zip: 39042

Physical Site Address:  
Street (can not be a P.O. Box): 300 Bad Dirt Rd

City: Pelahatchie State: MS Zip: 39145

County: Rankin

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

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

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

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

Contact Cell Phone No. (Include Area Code): 281-455-3924

Other Contact Phone Numbers (Include Area Code): 281-782-5452

Contact Email: Hullpoultry@outlook.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 6

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

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: Peco 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): \_\_\_\_\_

### 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: 1-8-2020    Expiration Date: 1-8-2025

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.



### 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

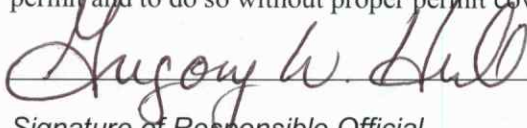
**Note:** This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- 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
 

 \_\_\_\_\_  
 2-18-22  
 Date

\_\_\_\_\_  
 Gregory W. Hull  
 Printed Name
 

 \_\_\_\_\_  
 President/owner  
 Title



United States Department of Agriculture

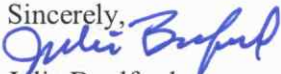
February 18, 2022

Buster McMillan  
Permits Division  
P.O. Box 2261  
Jackson, MS 39225-2261  
RE: AI ID 36830

Dear Mr. McMillan;

Enclosed is the new NOI and Transfer form for AIID 36860. Mr. Hull bought this farm from Mrs. Warren, widow of Thomas Warren, and the plan is still viable.

Let me know if I can be of further assistance.

Sincerely,  
  
Julie Bradford  
SCT, NRCS

RECEIVED  
FEB 23 2022  
Dept. of Environmental Quality

USDA, Natural Resources Conservation Service  
300 Community Way Brandon, MS 39042  
Voice 601-824-4601 ext.3 Fax 1-844-325-7071

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