

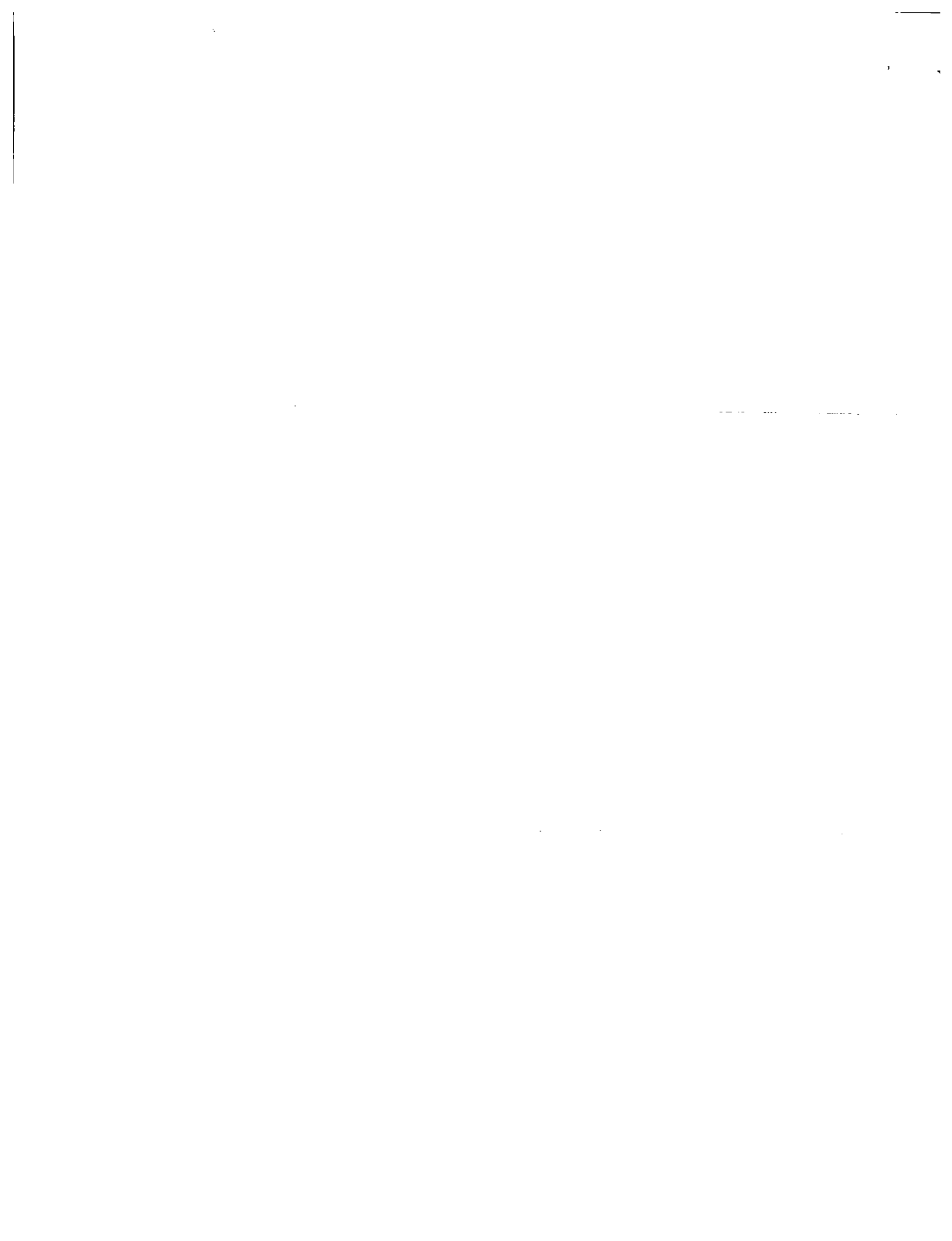
AE# 65274

RECEIVED
JUN 13 2022
Office of Environmental Quality

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>Jeffrey Hall</u></p> <p>Location: (Do Not Use P.O. Box) <u>J+L Farms</u></p> <p>Street: <u>452 Sunset Williamsburg Rd</u></p> <p>City: <u>Collins</u> State: <u>MS</u> Zip: <u>MS 39428</u></p> <p>County: <u>Covington</u></p> <p>Telephone: (<u>601</u>) <u>818-7957</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>The Chick Inn Farms by Eric Ngyu</u></p> <p>Title: <u>owner</u></p> <p>Mailing Address: Street/P.O. Box: <u>452 Sunset-Williamsburg Rd</u></p> <p>City: <u>Collins</u> State: <u>MS</u> Zip: <u>39428</u></p> <p>Telephone (<u>408</u>) <u>800-6381</u></p>												
<p>Item III.</p> <p>Previous Permittee: _____</p> <p>Mailing Address: _____</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee: _____</p> <p>Mailing Address: _____</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>												
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No <u>X</u></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>												
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No <u>X</u></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>The Chick Inn Farms by Eric Ngyu</u></p> <p>Authorized Signature: <u>[Signature]</u></p> <p>Title: <u>Owner</u> Date: <u>06-09-2022</u></p>												
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and 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> <table border="0"> <tr> <td><u>The Chick Inn Farms by Eric Ngyu</u></td> <td><u>Jeffrey Hall</u></td> </tr> <tr> <td>Print New Permittee Name</td> <td>Print Previous Permittee Name</td> </tr> <tr> <td><u>[Signature]</u></td> <td><u>[Signature]</u></td> </tr> <tr> <td>New Authorized Signature</td> <td>Previous Authorized Signature</td> </tr> <tr> <td><u>Owner</u></td> <td><u>OWNER</u></td> </tr> <tr> <td>Date <u>06-09-2022</u></td> <td>Date <u>6/9/22</u></td> </tr> </table> <p><small>1 A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. 2 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.</small></p>		<u>The Chick Inn Farms by Eric Ngyu</u>	<u>Jeffrey Hall</u>	Print New Permittee Name	Print Previous Permittee Name	<u>[Signature]</u>	<u>[Signature]</u>	New Authorized Signature	Previous Authorized Signature	<u>Owner</u>	<u>OWNER</u>	Date <u>06-09-2022</u>	Date <u>6/9/22</u>
<u>The Chick Inn Farms by Eric Ngyu</u>	<u>Jeffrey Hall</u>												
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Date <u>06-09-2022</u>	Date <u>6/9/22</u>												



Reid 6-13-22



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



COVERAGE NUMBER: MSG20 1743. 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

Name of Owner: Eric Nguyen

Facility Name: The Chick Em Farms LLC

Mailing Address:

Street or P.O. Box: 452 Sunset - Williamsburg Road

City: Collins State: Ms Zip: 39428

Physical Site Address:

Street (can not be a P.O. Box) Same as Mailing Address

City: _____ State: _____ Zip: _____

County: _____

(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): (408) 900-6381

Other Contact Phone Numbers (Include Area Code): _____

Contact Email : _____

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: _____

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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:

Sanderson Farms

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: June 2019 Expiration Date: May 2024

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.

[Handwritten Signature]

Signature of Responsible Official

06-09-2022

Date

Eric Nguyen

Printed Name

owner

Title