

ACT# 1608  
Clay Co.



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



COVERAGE NUMBER: MSG22 0028. 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**

Facility Prestage Farms Ms Inc, AI **RECEIVED** Name: \_\_\_\_\_

Owner Name: Prestage Farms Ms Inc **SEP 19 2023**

Mailing Address - Street or P.O. Box: PO Box 1425

City: West Point State: MS Zip: 39773 **WDEQ**

Physical Site Address - Street (can not be a P.O. Box): 236 W Church Hill Rd

City: West Point State: MS Zip: 39773

County: Clay Latitude: 33° 35' 33.06N

Longitude: 88° 41' 12.33 W

Facility Telephone: (662) 495-7221 Fax: ( ) \_\_\_\_\_

Contact Cell No.: (662) 255-5885 Other: ( ) \_\_\_\_\_

**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 checked="" type="checkbox"/> Swine (55 lbs. or over)	<u>250</u>	_____	<input type="checkbox"/> Dairy Cows	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	_____	<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**

1. How much manure, litter, and wastewater is generated annually by the facility? 3080 tons or \_\_\_\_\_ gallons

2. How many acres of land, under the control of the applicant, are available for land application? 44.2 acres

3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 0 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>1,802,805</u>	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify	_____

**D. NUTRIENT MANAGEMENT PLAN (NMP)**

1. Number of existing houses/barns: 2  
 Number of proposed houses/barns: 1

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

CNMP Development Date: JAN 2022 CNMP Expiration Date: Dec 2026

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: \_\_\_\_\_