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



COVERAGE NUMBER: MSG22 0040. 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: Soovey Farms; Owner Name: Javen Aron; Mailing Address: PO Box 144, Bruce, MS, 38915; Physical Site Address: [blank]; County: Calhoun; Facility Telephone: [blank]; Contact Cell No.: [blank]

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Table with 6 columns: Type, No. In Open Confinement, No. Housed Under Roof, Type, No. In Open Confinement, No. Housed Under Roof. Includes rows for Swine, Chickens, and Cattle.

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

- 1. How much manure, litter, and wastewater is generated annually by the facility? 4129 tons or 2,388,727 gallons
2. How many acres of land, under the control of the applicant, are available for land application? 42.9 acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? [blank] tons [blank] 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>3,000,000</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)

- Number of existing houses/barns: 4
 Number of proposed houses/barns: 4
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).
 CNMP Development Date: 6-22 CNMP Expiration Date: 5/27
- 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: _____

IV. CERTIFICATION

Note: This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition 11-16, as follows:

- 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

Javen R Aron

Name of Responsible Official (Printed or Typed)

8-28-24

Date

Owner

Title

NPDES CAFO PERMIT ANNUAL REPORT

NPDES Permit Number:	Reporting period (mm/dd/yyyy - mm/dd/yyyy):
AI#:	/ / - / /

Facility Name:

I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof	
Mature Dairy Cows			
Dairy Heifers			
Veal Calves			
Other Cattle			
Swine (55 lb. or more)			
Swine (under 55 lb.)		7360	
Horses			
Sheep or Lambs			
Turkeys			
Chickens (broilers)			
Chickens (layers)			
Ducks			
Other: (specify): _____			

II. MANURE, LITTER, AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility in the 12-month period covered by this report.

- A. Amount of manure generated in the 12-month period covered by this report. _____ tons
- B. Amount of litter generated in the 12-month period covered by this report. _____ tons
- C. Amount of process wastewater generated in the 12-month period covered by this report. _____ gallons

III. MANURE, LITTER, AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons in the 12-month period covered by this report.

- A. Amount of manure transferred in the 12-month period covered by this report. 0 tons
- B. Amount of litter transferred in the 12-month period covered by this report. 0 tons
- C. Amount of process wastewater transferred in the 12-month period covered by this report. 0 gallons

IV. LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER

A. Report the total number of acres of land that are covered by this facility's nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

Total number of land application acres covered by the nutrient management plan. 429 acres

B. Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.

Total number of acres under the control of the CAFO used for land application in the 12-month period covered by this report. 40 acres

V. SUMMARY OF DISCHARGES

Provide a summary of each discharge of manure, litter, and/or process wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.

Date ^a	Time ^b	Location ^{c,f}	Description ^{d,f}	Volume ^e

^a **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.
^b **Time:** The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.
^c **Location:** The location of the discharge to waters of the U.S. Be specific. Include the name of the water body, and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).
^d **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).
^e **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged.
^f This information is not required by the NPDES CAFO regulations to be included in the annual report.

VI. NUTRIENT MANAGEMENT PLAN

Indicate whether the facility's nutrient management plan was either developed or approved by a certified nutrient management planner. Note: The MDEQ does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve nutrient management plans.

Was the current version of this facility's nutrient management plan prepared or approved by a certified nutrient management planner? Yes No

VII. INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED

During the past 12 months have there been any instances of noncompliance which have not been reported to the permitting authority? Yes No If yes, please provide the information requested below.

If during the past 12 months there been instances of noncompliance which have not been reported to the permitting authority please provide the following information, for each instance, along with this annual report:

- Description of the noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where the noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this 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 intend to continue operating this facility and wish to seek recoverage once the general permit is reissued.

Signature: Javen Aron Date: 8/28/24

Print Name: Javen Aron

Submit by: **Due annually by the 28th of January. First report is due January 28, 2023.**

Submit to: **Chief, Environmental Permits Division
MS Dept. of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225**

Submittal of an Updated Nutrient Management Plan (NMP)

(Use this form when the NMP has been updated but no other changes have occurred at the farm. Examples of changes that would require an updated Concentrated Animal Feeding Operation Notice of Intent (CAFO NOI) to be submitted would include but are not limited to animal type, number of barns, and addition of incineration equipment. Please print.)

Multimedia General Pollution Control Permit Coverage No. MSG22 _____ County: Calhoun

Name of Owner: Javen Aron

Facility Name: Soeey Farms

Agency Interest No.: _____

This updated plan is being submitted because the existing plan is either expired or about to expire and does not include any of the items below but may include other minor changes.

This updated plan includes one or more of the following items (please check all that apply):

NOTE: If any of the following items are marked then the coveragee must wait until written notification is received from MDEQ before implementing these changes.

- addition of new land application areas not included in the current plan.
- changes to the field-specific maximum annual rates for land application and to the maximum amounts of nitrogen and phosphorus derived from all sources for each crop.
- addition of any crop or other uses not included in the current plan and corresponding field-specific rates of application.
- changes to site-specific components of the current plan where such changes are likely to increase the risk of nitrogen and phosphorus transport to waters of the U.S.

Please summarize any changes identified above: _____

CERTIFICATION:

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.

Javen Aron (662) 414 0579 Javen Aron 8-28-24
Permittee/Authorized Name [Print] Telephone Number Signature Date

This form shall be submitted to: Chief, Environmental Permits Division
Mississippi Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261

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>Sovey Farms</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>26 CR 368</u></p> <p>City: <u>Calhoun City</u> State: <u>MS</u> Zip: <u>38916</u></p> <p>County: <u>Calhoun</u></p> <p>Telephone: <u>(662) 414 0529</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Javen Aron</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>144</u></p> <p>City: <u>Bruce</u> State: <u>MS</u> Zip: <u>38915</u></p> <p>Telephone: ()</p>
<p>Item III.</p> <p>Previous Permittee: <u>Ralph Gary</u></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: <u>Javen Aron / Sovey Farms</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>144</u></p> <p>City: <u>Bruce</u> State: <u>MS</u> Zip: <u>38915</u></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 <input checked="" type="checkbox"/></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 <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Sovey Farms</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Javen Aron</u></p> <p>Authorized Signature: <u>Javen</u></p> <p>Title: <u>owner</u> Date: <u>8/28/24</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: <u>Ralph Gary</u></p> <p>To: <u>Javen Aron</u> Acquisition Date: <u>8/28/24</u></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>	
<p><u>Javen Aron</u></p> <p>Print New Permittee Name</p> <p><u>Javen</u></p> <p>New Authorized Signature²</p> <p><u>Owner</u> <u>8/28</u></p> <p>Title Date</p>	<p><u>Ralph Gary</u></p> <p>Print Previous Permittee Name</p> <p><u>Ralph Gary</u></p> <p>Previous Authorized Signature²</p> <p><u>8/10</u></p> <p>Title Date</p>
<p>¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.</p> <p>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.</p>	

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</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. _____</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. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated 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: _____</p> <p>Permit/Coverage No.: <u>MSG 160008</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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<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>
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