

At: 88244



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



COVERAGE NUMBER: MSG20 2119. 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

RECEIVED  
JAN 30 2025

A. CONTACT AND FACILITY INFORMATION

MDEQ

Name of Owner: Turner L Duvall III

Facility Name: Turner Lee Farms LLC

Mailing Address:

Street or P.O. Box: 1065 CR 624

City: Waynesboro State: MS Zip: 39367

Physical Site Address:

Street (can not be a P.O. Box) 3401 County Road 621

City: Waynesboro State: MS Zip: 39367

County: Clarke

(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): 601-701-1240

Other Contact Phone Numbers (Include Area Code): \_\_\_\_\_

Contact Email : turnerld72@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: 2 Number of proposed incinerators: 1

*oe*

## 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: Mar - Jac \_\_\_\_\_

### 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: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

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.

