



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

AI# 91022



COVERAGE NUMBER: MSG20 2222. 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.

RECEIVED
JUN 22 2026

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

MDEQ

✓ Name of Owner: LAP TRAN
 ✓ Facility Name: ~~KIMCO FARM STARFARM~~ STARLIGHT FARM LLC
 ✓ Mailing Address:

Street or P.O. Box: 10211 MAYBERRY HEIGHTS DR.
 City: CYPRESS State: TX Zip: 77433

✓ Physical Site Address:
 ✓ Street (can not be a P.O. Box) 280 TRACIE RD
 ✓ City: CARTHAGE State: MS Zip: 39051
 ✓ County: LEAKE

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____
 (For new facilities) Nearest named receiving stream: _____

✓ Facility Telephone No. (Include Area Code): 713-382-0836
 Facility Fax No. (Include Area Code): _____
 ✓ Contact Cell Phone No. (Include Area Code): 713-382-0836
 Other Contact Phone Numbers (Include Area Code): _____
 ✓ Contact Email: KIMCOFARMLLC@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: 8 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): 2 Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? No Yes- Integrator Name: TYSON 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): Composter/Dry shed

D. NUTRIENT MANAGEMENT PLAN

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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: 6/17/2026 Expiration Date: 6/17/2031

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.

