AI 91005

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

COVERAGE NUMBER: MSG20 2230. 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
JUL 17 2026
via email
MDEQ

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

Name of Owner: William R. Magee

Facility Name: William R. Magee

Mailing Address:

Street or P.O. Box: 35 Reggie Magee Lane

City: Mount Olive State: MS Zip: 39119

Physical Site Address:

Street (can not be a P.O. Box) 108 Gamble Road

City: PRENTISS State: MS Zip: 39474

County: Jefferson Davis County

(For new facilities) Latitude (degrees/min/sec): 31° 42' 10.98" N Longitude: 89° 48' 28.22" W

(For new facilities) Nearest named receiving stream: Whitesand Creek

Facility Telephone No. (Include Area Code): 601-668-6402

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code):

Other Contact Phone Numbers (Include Area Code):

Contact Email : wmagee clem@yahoo.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: 4 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): _____ ☑ Pullet/Breeder (0252): _____

B. CONTRACT INFORMATION

Is this facility a contract operation? ☑ No ☐ Yes- Integrator Name: _____

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.

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.

_____ 17 Jul 26

Signature of Responsible Official *Date*

William R. Magee Owner

Printed Name *Title*

Michael Watson

Invoice Number: 15839592

Invoice Date: 03/10/2026

Customer Information

Mrs. Vicky G Stringer
PO BOX 609
COLUMBIA, MS 39429-0609

Description	Tracking Number	Qty	Item Cost	Amount Paid
LLC - Online	2026183067		$ 50.00	$ 50.00
MSI Transaction Fee			$ 3.14	$ 3.14

Payment Details

Invoice Total:	$ 53.14
Payment Total:	$ 53.14
Amount Due:	$ 0.00

Payment Method

Payment Type: Credit Card

Include invoice number on all correspondence and send to:

Mississippi Secretary of State's Office
P.O. Box 136
Jackson, MS 39205

To discuss payment for Corporation items call:
(601) 359-1633

F0100
Fee: $ 50

Michael Watson
SECRETARY OF STATE

2026183067

Business ID: 1535331
Filed: 03/10/2026 02:29 PM
Michael Watson
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136
TELEPHONE: (601) 359-1633

Mississippi Limited Liability Company Certificate of Formation

Business Information

Business Type: Limited Liability Company
Business Name: Triple C Pullet Farms, LLC
Business Email: mkmageeclem@gmail.com

NAICS Code/Nature of Business

112310 - Chicken Egg Production

Registered Agent

Name: William Magee
Address: 35 Reggie Magee Lane
Mt. Olive, MS 39119

Signature

The undersigned certifies that:
1) he/she has notified the above-named registered agent of this appointment;
2) he/she has provided the agent an address for the company, and;
3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day ***03/10/2026***.

Name:
William Magee
Manager

Address:
35 Reggie Magee Lane
Mt. Olive, MS 39119

State of Mississippi

Certificate of Formation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State, I do hereby certify the following has satisfied all conditions precedent for formation in this State.

Triple C Pullet Farms, LLC

SECRETARY OF STATE
STATE OF MISSISSIPPI

Given this the 10th day of March, Two Thousand and Twenty-Six, in the Capital City of Jackson, Mississippi under my Hand and Seal,

Michael Watson