AI # 12805 In P20050001

Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385 TEL: (601) 961-5171 • FAX: (601) 354-6612 www.deq.state.ms.us

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS GENERAL NPDES PERMIT NUMBER MSG15024 4

(Number to be assigned by State)

INSTRUCTIONS

APPLICANT MUST BE THE OWNER AND/OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY. ALL SUBMITTALS MUST INCLUDE THE FOLLOWING:

- A NUTRIENT MANAGEMENT PLAN
- A USGS OUAD MAP OR A COPY SHOWING THE SITE LOCATION
- · A SITE DRAWING
- A STORM WATER POLLUTION PREVENTION PLAN (SWPPP), IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

USGS QUAD MAPS SUBMITTED MUST EXTEND AT LEAST ONE MILE BEYOND THE PROPERTY BOUNDARIES OF THE FACILITY AND MUST CLEARLY SHOW ALL SPRINGS AND SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN 1/4 MILE OF THE FACILITY. ADDITIONALLY, ALL PUBLIC DRINKING WELLS WITHIN ONE MILE OF THE FACILITY MUST BE IDENTIFIED.

THE SITE DRAWING MUST SHOW THE PROPERTY BOUNDARIES AND MUST INDICATE THE APPROXIMATE LOCATION OF EACH EXISTING AND PROPOSED STRUCTURE (HOUSE, INCINERATOR, DEAD BOX, LAND APPLICATION FIELD, COMPOSTING AREA, ETC). THE SITE DRAWING MUST INCLUDE A COMPASS DIRECTION HEADER.

SUBMIT AT LEAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR PLANNED OPERATIONS. ALL FORMS MUST BE SUBMITTED TO: CHIEF, ENVIRONMENTAL PERMITS DIVISION, MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY, P.O. BOX 10385, JACKSON, MISSISSIPPI 39289-0385.

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED, ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. IF AN ITEM DOES NOT APPLY, ENTER "N/A" (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE QUESTION.

I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION

Name of Owner: Linda Ingram		
Facility Name:		
Mailing Address:		
Street or P.O. Box: 48 Fulgham Rd.		
City: Tylertown	State: <u>MS</u> Zip: <u>39667</u>	
Physical Site Address: (If the physical address is not avail intersection.)	able indicate the nearest named road or	
Street (can not be a P.O. Box) 48 Fulghar	n Rd.	
City: Tylertown	State: <u>MS</u> Zip: <u>39667</u>	
County: Walthall		
Latitude (degrees/min/sec): N 31° 13' 19.7')	
Longitude (degrees/min/sec): W 090° 05' 13.9	2"	
Nearest named receiving stream: McGee's	Lreek	
Facility Telephone No. (Include Area Code):		
Facility Fax No. (Include Area Code):		
Facility Cell Phone No. (Include Area Code):		
Other Contact Phone Numbers (Include Area Code):	601-876-6741	
TYPES OF ACTIVITY		
Check all that apply: Existing dry litter poultry operation New dry litter poultry operation		
Proposed dry litter poultry operation		
Construction and/or operation of an incinerator		
New or expanding operations that will require construct	ction activities disturbing one acre or more	

II. CONCENTRATED POULTRY FEEDING OPERATION CHARACTERISTICS:

TYPE AND AMOUNT OF CHICKENS Check all that apply and indicate the amounts Boilers (SIC 0251): 150,000 Layers (SIC 0252): TOTAL AMOUNT: 150,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINMENT, Check all that apply and indicate total days of storage and	Check any of the follow to control runoff and pro Buffers Setbacks Conservation til Constructed we Infiltration field Grass filter Terrace STORAGE, AND CAPACI	llage tland	
Type of Storage	Total Number of Days	Total Capacity (tons)	
☐ Roofed Storage Shed			
Concrete Pad			
☐ Impervious Soil Pad			
M Other: Specify Compost Facility	250	102	
Are all poultry houses, that have been constructed or enlarged after February 24, 1994, at least 600 feet from all occupied dwellings or commercial establishments not owned by the applicant and at least 150 feet from all adjoining property lines? Yes No, attach wavier Are all incinerators at least 150 feet from the nearest residential or recreational area, all dwellings, and all light commercial buildings not owned by the applicant? Yes No, attach wavier NOTE: If answered no to any of these questions then attach a completed Poultry Buffer Zone Waiver. The wavier must be completed by all affected property owners and notarized by a State of Mississippi appointed Notary Public. A copy of the Dry Litter Buffer Zone Waiver can be found at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171 .			
Is this facility a contract operation? Yes If yes, what is the name and address of the integra Name: Sanderson Forms	□ No ator? Address: 4039 River R	idge Rd. McComb Ms	

Attach an USGS quad map or copy that extends at least one mile beyond the property boundaries of the facility and clearly show all springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility. Additionally, all public drinking wells within one mile of the facility must be identified. Quad maps can be obtained from MDEQ Office of Geology at (601) 961-5523.
Attach a site drawing showing the property boundaries and must indicate the approximate location of each existing and proposed structure (house, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.
NUTRIENT MANAGEMENT PLAN Answer the following
Has a nutrient management plan been developed? ✓ Yes No
If yes, when was the nutrient management plan submitted? Date: 4-26-95
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility? X Yes No
The date of the last revision of the nutrient management plan. Date: 6-9-05
What is the estimated amount of litter generated per year? tons/year
Total acreage needed for land application:
Total acreage available for land application:
Will a third party remove litter off site? ✓ Yes ✓ No
If yes, how much litter will be transferred to other persons per year? tons/year
If not land applying, describe alternative use(s) of the litter:

ATTACHMENTS

III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR

Check this box if this section does not ap	pply
have previously submitted approved stack test. F	tion of poultry mortality incinerators is for incinerators that For a list of incinerators that have approved stack tests on Q.nsf/page/epd_AgriculturalBranchEPD?OpenDocument
	ne identified in this NOI are not permitted for incineration erated on site are permitted for incineration. All other debris, are strictly forbidden.
MANUFACTURER'S INFORMATION	TYPE OF INCINERATOR
Manufacturer Name: Destructor	☑ Single chamber
Model Number:	☐ Multiple chamber
Capacity (tons/hour): _500 \b .	Other, describe
	nerator and indicate the latitude and longitude coordinates
	ie: N 3/ 13' 19.6" Longitude: W 090° 05' 14.2"
Latitud	
Latitud Latitud	
FUEL TYPE AND INCINERATOR TEMPER.	ATURE RANGE
Fuel Type: Propane	
If fuel oil is burned, what is the sulfur content of the	he oil?%
Incinerator operating temperature range	°F

IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE

Check this box if this section does not apply

NOTE: If the project is rerouting, filling, or crossing a water conveyance of any kind, contact the U.S. Army Corps of Engineers regulatory branch for possible permitting requirements. If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation from the Corps that the project has been approved.

Indicate any local storm water ordinance with which the project must comply and submit any documentation of approval.

PROJECT INFORMATION
Total acreages that will be disturbed:
Description of the construction activity:
Nearest named receiving stream: Are there recreational streams, private/public ponds or lakes within ½ mile downstream of project boundary that may be impacted by the construction activity? Yes No
Soil Characteristics:
Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under "SWPPP Details" on pages 38 through 43 of the Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm Water in Accordance with the National Pollution Discharge Elimination System.

V. CERTIFICATION

Note: This application shall be signed according to the General Permit, page 3, 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 certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official

Date

Title