



#### Mississippi Department of Environmental Quality 9 2005

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



GENERAL NPDES PERMIT NUMBER MSG150293

**OPERATIONS** 

(Number to be assigned by State)

#### INSTRUCTIONS

APPLICANT MEST BETHE OWNER AND OR OPERATOR OF THE PROPERTY ASSOCIATED WITH THE REGULATED ACTIVITY, ALL SUBMITTALS MUST INCLUDE THE FOLLOWING

- ANUTRIENT MANAGEMENT PLAN
- TAUSES OF ADMAP OR A COPY SHOWING THE SITE LOCATION
- A SUTE DRAWING
- A STORM WATER POLICUTION PROVENTION PLAN (SWPPP) IF THERE IS TO BE CONSTRUCTION WORK TOTALING ONE ACRE OR MORE.

USES OF ADMARS SUBMITTED MUSI EXTEND AT LEAST ONE MILE BEYOND PROPERTY BOUNDARIES OF THE FACILITY AND MUST CHEARLY SHOW ALL SPRINGS AND, SURFACE WATER BODIES IN THE AREA, PLUS ALL DRINKING WATER WELLS WITHIN IN MILE OF THE PACILITY ADDITIONALTY ALL PUBLIC DRINKING WHILLS WITHIN ONE MILLOCTHE FACILITY MUST BE IDENTIFIED

THE SHE DRAWING MUST SHOW THE PROPERTY BOUND ARIES AND MUST INDICATE THE APPROXIMATE FOCATION OF FACHLIXISTING AND PROPOSED STRUCT FRA FOUSE NEINERALOR DE AD BOX, LAND APPLICATION LIFED, COMPOSTING AREA, ETC.) - THE STITE OR AWING MUSTING ELDICA COMPASS DIRECTION HEADER

SUBMITATE LAST 180 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION OR SEPTEMENT OF CONSTRUCTION OR SEPTEMENT OF THE PROPERTY OF THE PROPERTY PORTS OF THE PROPERTY PORTS OF THE PROPERTY PORTS OF THE PROPERTY OF T OSS PACKSON MISSISSIPP 3 9289-0385

ALL QUESTIONS MUST BE ANSWERED. FOR THIS APPLICATION TO BE CONSIDERED, THE OUTSTHONS ON THIS FORM MUST BE ANSWERED. HE AN ITEM DOES NOT APPLY. ENTER IN A (NOT APPLICABLE) TO SHOW THAT YOU CONSIDERED THE OURS FION

#### I. GENERAL INFORMATION:

CONTACT AND FACILITY INFORMATION obbie Wilcher Name of Owner: Wilchen Facility Name: Mailing Address: Street or P.O. Box: 5580 Laurel Hill Rd City: Carthage State: US. Zip: 39051 Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.) Street (can not be a P.O. Box) 5580 Laurel Hill Rd Thage State: MS Zip: 39051 Latitude (degrees/min/sec): Longitude (degrees/min/sec): Nearest named receiving stream: 601-267-015 Facility Telephone No. (Include Area Code): Facility Fax No. (Include Area Code): 601-562-2563 Facility Cell Phone No. (Include Area Code): 601-562-00 Other Contact Phone Numbers (Include Area Code): TYPES OF ACTIVITY Check all that apply: New dry litter poultry operation Proposed dry litter poultry operation Construction and/or operation of an incinerator New or expanding operations that will require construction 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): 212.000  Layers (SIC 0252):  TOTAL AMOUNT: 212.000  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 ti Constructed we Infiltration field Grass filter Terrace  STORAGE, AND CAPACI	llage tland i
Type of Storage	Total Number of Days	Total Capacity (tons)
Roofed Storage Shed	90	156
Concrete Pad		
☐ Impervious Soil Pad	*	
Other: Specify		
Are all incinerators at least 150 feet from the near light commercial buildings not owned by the appl NOTE: If answered no to any of these questions wavier must be completed by all affected property Notary Public. A copy of the Dry Litter Buffer Zo http://www.deq.state.ms.us/MDEQ.nsf/page/epd or call (601) 961-5171.	ents not owned by the applicant No, attach wavier est residential or recreational action Yes Yes 1 then attach a completed Poultry owners and notarized by a Stone Waiver can be found at	area, all dwellings, and all No, attach wavier by Buffer Zone Waiver. The ate of Mississippi appointed
CONTRACT INFOMATION		
Is this facility a contract operation?  Yes	☐ No	
If yes, what is the name and address of the integrat	tor?	
Name: Tysen	Address:	

ATTACHMENTS
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: /p./.04
If no, when will the nutrient management plan be developed? Date:
Is a nutrient management plan already being implemented for the facility? Yes No
The date of the last revision of the nutrient management plan.  Date: 7-11.05
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:

## III. CONSTRUCTION AND/OR OPERATION OF A POULTRY MORTALITY INCINERATOR Check this box if this section does not apply

Incinerator operating temperature range

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	dendified in this NOI are not peaking to memoration
nd in the experies. With classer caresses gales internals such as leaves, this harmonism climited	ned at sie die gemidted blane newen in All other bus are strietvelochditen —
ANUFACTURER'S INFORMATION	TYPE OF INCINERATOR
Manufacturer Name: //ationa/	Single chamber
Model Number: Destructor	[ Multiple chamber
apacity (tons/hour): 3 / 6	Other, describe
OTAL NUMBER OF INCINERATORS AND	

TOTAL NUMBER OF I	NCINERATORS AND THEIR D	ATES OF CONSTRUCTION
Total number of incinerate	ers on site:	
	cture date for each incinerator and i	ndicate the latitude and longitude coordinates
Date(s):	Latitude:	Longitude:
	Latitude:	
	Latitude:	Longitude:
	Latitude:	Longitude:
	ERATOR TEMPERATURE RA	NGE
Fuel Type: <u>Butane</u>		
f final oil is humad what is	the sulfur content of the oil?	0/

# IV. CONSTRUCTION ACTIVITIES DISTURBING ONE ACRE OR MORE Check this box if this section does not apply

NOTE Che proper	s remuting an	ling of an	sanga wate	onveyano:	ofany kind, o	ongo da US
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Compact Engineer See has been approved	<u>((01</u> 41)4376711	i, provide a	into contract of	teumen ator	of only the confi	S liku tae hedjagt
Indicate any local stori documentation of appr	n valerodina val	nčeviji v	nch the proje	ctunus com	ply and submit	

PROJECT INFORMATION
Total acreages that will be disturbed:
Description of the construction activity: build 4 Chillen houses,
Lavad Hill Cocol
Nearest named receiving stream: Laurel Hill Greek
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 comporation, by an esponsible comporate of a few application of the application of the application of the comporation of the application of the composition of the property of the property.	
I certify that to the best of my knowledge and belief and information in this application are true, comple my signature shall constitute an agreement that the alteration, additions, or changes in operation that m compliance with all applicable Rules and Regulation for submitting false information, including the possi	ete, and accurate, and that as a responsible official, applicant assumes the responsibility for any hay be necessary to achieve and maintain as. I am aware that there are significant penalties
Signature of Responsible Official	7-11-05 Date
Title	