·AI#16599 P20060001

Mississippi Department of Environmental O

Diffice of Pollution Control - Environmental Permits Division POST OFFICE BOX 10385 • JACKSON, MS 39289-0385

TEL: (601) 961-5171 • FAX: (601) 354-6612 of Pollution Control – Land Control Office of Pollution Control - Environmental Permits Division

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER

DRY LITTER POULTRY CONCENTRATED ANIMA OPERATIONS

GENERAL NPDES PERMIT NUMBER MSG150374

(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 QUAD 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: Robert D. De. St. Germaine		
Facility Name: Robert D. De. St. Germaine		
Mailing Address: Street or P.O. Box: 121 Rials Rd.		
City: Jayess	State: MS Zi	p: 39641
Physical Site Address: (If the physical address is not avaintersection.)		amed road or
Street (can not be a P.O. Box) Holmes Rd.		20/11
City: Jayess	State: MS Zi	p: 39641
County: Lawrence	_	
Latitude (degrees/min/sec): N 31 21' 27.0"		
Longitude (degrees/min/sec): W 090 05' 25.5"		
Nearest named receiving stream: Tilton Creek		
Facility Telephone No. (Include Area Code):	(601) 587-0026	
Facility Fax No. (Include Area Code):	N/A	
Facility Cell Phone No. (Include Area Code):	N/A	
Other Contact Phone Numbers (Include Area Code):	N/A	
TYPES OF A	CTIVITY	
Check all that apply: New dry litter poultry operation	isting fucility	
Proposed dry litter poultry operation		
Construction and/or operation of an incinerator		
New or expanding operations that will require const	ruction 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): 182,000 Layers (SIC 0252): TOTAL AMOUNT: 182,000 Housed under roof Open confinement TYPES OF DRY LITTER CONTAINME Check all that apply and indicate total days of storage	Check any of the follow to control runoff and pro Buffers Setbacks Conservation til Constructed we Infiltration field Grass filter Terrace NT, STORAGE, AND CAPACI	Setbacks Conservation tillage Constructed wetland Infiltration field Grass filter Terrace T, STORAGE, AND CAPACITY		
Type of Storage	Total Number of Days	Total Capacity (tons)		
Roofed Storage Shed				
☐ Concrete Pad				
☐ Impervious Soil Pad				
Other: Specify Composting Facility	315	129.5 tons/yr		
Are all poultry houses, that have been construall occupied dwellings or commercial establis all adjoining property lines? Yes Are all incinerators at least 150 feet from the light commercial buildings not owned by the NOTE: If answered no to any of these questi wavier must be completed by all affected proportion of the Dry Litter Buffer http://www.deq.state.ms.us/MDEQ.nsf/page/gor call (601) 961-5171.	nearest residential or recreational applicant? Yes ions then attach a completed Poult perty owners and notarized by a Ser Zone Waiver can be found at	area, all dwellings, and all No, attach wavier try Buffer Zone Waiver. The tate of Mississippi appointed		
CONTRACT INFOMATION Is this facility a contract operation? Y If yes, what is the name and address of the int	_			
Name: Sanderson Farms	Address: 4039 River Ridge Rd.,	McComb, MS		

AT	TACHMENTS
Ø	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.
Ø	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.
-	TRIENT MANAGEMENT PLAN wer the following
Has	a nutrient management plan been developed?
	If yes, when was the nutrient management plan submitted? Date: 10/2/01
	If no, when will the nutrient management plan be developed? Date: N/A
Is a	nutrient management plan already being implemented for the facility?
The	date of the last revision of the nutrient management plan. Date: 11/30/05
Wha	at is the estimated amount of litter generated per year? 1786 tons/year
Tota	al acreage needed for land application: 143 Ac.
Tota	al acreage available for land application: 0
Wil	a third party remove litter off site?
	If yes, how much litter will be transferred to other persons per year? tons/year
	ot land applying, describe alternative use(s) of the litter. All Litter will be removed a contractor. Producer will record on producer's log.

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

✓ Check this box if this section does not apply

NOTE: Coverage for construction and/or operation of poultry mortality incinerators is for incinerators that have previously submitted approved stack test. For a list of incinerators that have approved stack tests on file please visit http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument or call (601) 961-5171.

Carcasses generated at facilities other than the one identified in this NOI are not permitted for incineration under this coverage. Only chicken carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

MANUFACTURER'S INFORMATI	ON TY	PE OF INCINERATOR	
Manufacturer Name:		☐ Single chamber ☐ Multiple chamber ☐ Other, describe	
Model Number:	0		
Capacity (tons/hour):			
Total number of incinerators on site:			
Please provide the manufacture date for	r each incinerator and in ites, and seconds. Latitude: Latitude: Latitude:	Longitude:	
Please provide the manufacture date for where installed on site in degrees, minurate(s):	r each incinerator and intes, and seconds. Latitude: Latitude: Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude: Longitude: Longitude:	
Please provide the manufacture date for where installed on site in degrees, minurate(s):	r each incinerator and intes, and seconds. Latitude: Latitude: Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude:	
Please provide the manufacture date for where installed on site in degrees, minu Date(s):	reach incinerator and intes, and seconds. Latitude: Latitude: Latitude: Latitude: Latitude:	Longitude: Longitude: Longitude: Longitude: Longitude:	

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.

	DJECT INFORMATION				
Tota	l acreages that will be disturbed:	_			
Desc	cription of the construction activity:				
Aret	there recreational streams, private/public ponds may be impacted by the construction activity?			ream of project	boundary
Soil	Characteristics:				
	Characteristics: Attach a Storm Water Pollution Prevention Plan		in about a share and		

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.

	12/6/05
Signature of Responsible Official	Date
Owner	
Title	