

AI#34873

Gnp20060001



## Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

POST OFFICE BOX 10385 • JACKSON, MS 39289-0385

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www.deq.state.ms.us



# NOTICE OF INTENT (NOI) FOR COVERAGE UNDER DRY LITTER POULTRY CONCENTRATED ANIMAL FEEDING OPERATIONS

**GENERAL NPDES PERMIT NUMBER MSG150401**

(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 ¼ 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:	Stan Norwood		
Facility Name:	Stan Norwood		
Mailing Address:			
Street or P.O. Box:	154 Will Hayes Rd.		
City:	Ellisville	State:	MS Zip: 39437
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):	156 Will Hayes Rd.		
City:	Ellisville	State:	MS Zip: 39437
County:	Jones		
Latitude (degrees/min/sec):	N 31 38 18.9		
Longitude (degrees/min/sec):	W 89 07 08.6		
Nearest named receiving stream:	Fly Branch		
Facility Telephone No. (Include Area Code):	601-425-9410		
Facility Fax No. (Include Area Code):			
Facility Cell Phone No. (Include Area Code):	601-319-9915		
Other Contact Phone Numbers (Include Area Code):			

## TYPES OF ACTIVITY

Check all that apply:
<input checked="" type="checkbox"/> New dry litter poultry operation
<input type="checkbox"/> Proposed dry litter poultry operation
<input type="checkbox"/> Construction and/or operation of an incinerator
<input checked="" type="checkbox"/> 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): 134400

Layers (SIC 0252): \_\_\_\_\_

**TOTAL AMOUNT:** 134400

Housed under roof  
 Open confinement

**BEST MANAGEMENT PRACTICES (BMP)**  
Check any of the following BMPs that will be implemented to control runoff and protect water quality

Buffers  
 Setbacks  
 Conservation tillage  
 Constructed wetland  
 Infiltration field  
 Grass filter  
 Terrace

**TYPES OF DRY LITTER CONTAINMENT, STORAGE, AND CAPACITY**  
Check all that apply and indicate total days of storage and their capacity in tons

Type of Storage	Total Number of Days	Total Capacity (tons)
<input checked="" type="checkbox"/> Roofed Storage Shed	2-3 Months	75
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

**SITING CRITERIA**

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](http://www.deq.state.ms.us/MDEQ.nsf/page/epd_AgriculturalBranchEPD?OpenDocument) or call (601) 961-5171.

**CONTRACT INFORMATION**

Is this facility a contract operation?  Yes  No

If yes, what is the name and address of the integrator?

Name: Wayne Farms Address: Laurel, MS

## 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: 10-28-98

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: 8-29-06

What is the estimated amount of litter generated per year? 1,256 tons/year

Total acreage needed for land application: 120.6

Total acreage available for land application: 30.7

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:

Landowner will use what litter he can on his own land and remove the rest of the litter to other locations.

### 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](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 INFORMATION

Manufacturer Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Capacity (tons/hour): \_\_\_\_\_

#### TYPE OF INCINERATOR

Single chamber

Multiple chamber

Other, describe \_\_\_\_\_

#### TOTAL NUMBER OF INCINERATORS AND THEIR DATES OF CONSTRUCTION

Total number of incinerators on site: \_\_\_\_\_

Please provide the manufacture date for each incinerator and indicate the latitude and longitude coordinates where installed on site in degrees, minutes, and seconds.

Date(s): _____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____
_____	Latitude: _____	Longitude: _____

#### FUEL TYPE AND INCINERATOR TEMPERATURE RANGE

Fuel Type: \_\_\_\_\_

If fuel oil is burned, what is the sulfur content of the 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: 3

Description of the construction activity: Construction of 2 chicken house pads for the construction of 2 chicken houses.

Nearest named receiving stream: Flat Branch

Are there recreational streams, private/public ponds or lakes within 1/2 mile downstream of project boundary that may be impacted by the construction activity?  Yes  No

Soil Characteristics: Fine Sandy Loam

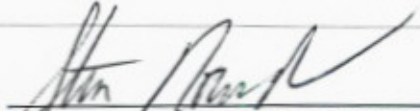
Attach a Storm Water Pollution Prevention Plan (SWPPP) that includes the minimum components found under "SWPPP Details" on pages 38 through 43 of the *Multimedia General Pollution Control Permit to Construct/Operate Air Emission Equipment and/or Manage Manure and Discharge Storm Water in Accordance with 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*  
owner

2/21/06

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*