

50119



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



COVERAGE NUMBER: MSG20 1152. 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.

I. GENERAL INFORMATION

A. CONTACT AND FACILITY INFORMATION

RECEIVED

Name of Owner: Wise and Michelle Mangold

FEB 21 2014

Facility Name: Mangold Poultry

Dept. of Environmental Quality

Mailing Address:

Street or P.O. Box: 1276 Wellman Drive

City: Brookhaven

State: MS

Zip: 39601

Physical Site Address:

Street (can not be a P.O. Box) 1283 Wellman Drive

City: Brookhaven

State: MS

Zip: 39601

County: Lincoln

(For new facilities) Latitude (degrees/min/sec): _____ Longitude: _____

(For new facilities) Nearest named receiving stream: _____

Facility Telephone No. (Include Area Code): 601-835-2681

Facility Fax No. (Include Area Code): _____

Contact Cell Phone No. (Include Area Code): 601-748-0682

Other Contact Phone Numbers (Include Area Code): _____

Contact Email: mmangold83@yahoo.com

B. ACTIVITY TYPE (Check all that apply)

Existing operation NOT proposing expansion. Number of existing houses: 4

Existing operation of an incinerator(s). Number of existing incinerator(s): _____

New or expanding operation. Number of proposed houses: _____ 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: Sander son Farms

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: 5-28-2009 Expiration Date: 5-28-2014

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.

Note - I am on the list at the Lincoln County N.R. C.S. office for a new C.N.M.P.

