



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

RECEIVED
FEB 21 2014
Dept. of Environmental Quality

COVERAGE NUMBER: MSG20 1168. 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

Name of Owner:

David McQueen

Facility Name:

McQueen Farms

Mailing Address:

Street or P.O. Box:

221 Joe Rawls Rd

City:

Collins

State:

MS

Zip:

39428

Physical Site Address:

Street (can not be a P.O. Box)

147 Joe Rawls Rd

City:

Collins

State:

MS

Zip:

39428

County:

Covington

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

Longitude:

(For new facilities) Nearest named receiving stream:

Facility Telephone No. (Include Area Code):

Facility Fax No. (Include Area Code):

Contact Cell Phone No. (Include Area Code):

601-641-3198

Other Contact Phone Numbers (Include Area Code):

Contact Email:

B. ACTIVITY TYPE (Check all that apply)

☒ Existing operation NOT proposing expansion. Number of existing houses: 12

☒ Existing operation of an incinerator(s). Number of existing incinerator(s): 1

☐ New or expanding operation. Number of proposed houses: _____ Number of proposed incinerators: _____

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

☒ No, there is no poultry mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate poultry mortality incineration equipment, you must submit an updated DLPNOI by completing Sections IA, III and IV. Constructing and operating poultry mortality incineration equipment without a modified coverage or issuance of individual permits is a violation of state law.

☐ Yes, there is mortality incineration equipment located at the facility. Complete section below:

MORTALITY INCINERATION EQUIPMENT

For Existing Facilities:

Has the facility changed the number or type of incinerators, or the fuel type burned?

☐ No ☐ Yes – Identify Changes: _____

For New Facilities:

Manufacturer Name: _____ Model Number: _____

Capacity (tons/hour): _____ Fuel Type: _____

IV. CERTIFICATION

Note: This NOI shall be signed according to Conditions T-17 and T-18 found in ACT 6 of the Dry Litter Poultry Animal Feeding Operations Multimedia General Pollution Control Permit No. MSG20.

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

I understand that my nutrient management plan identified Section II. D. expires five years from the date it was developed and that an updated nutrient management plan must be submitted to MDEQ prior to its expiration date.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to operate activities identified under this general permit and to do so without proper permit coverage is in violation of state law.

David M. Queen

Signature of Responsible Official

David M. Queen
Printed Name

Date

Title

2/15/14 4/1/2014
Owner
David M. Queen



STATE OF MISSISSIPPI

PHIL BRYANT
GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

TRUDY D. FISHER, EXECUTIVE DIRECTOR

March 21, 2014

RECEIVED
APR 8 2014
Dept of Environmental Quality

Mr. David McQueen
David W McQueen, Poultry
221 Joe Rawls Road
Collins, MS 39428

Dear Mr. McQueen:

Re: David W McQueen, Poultry
Enter Subject Line
General Permit Ref. No. MSG201168
Covington County

We are in receipt of your Dry Litter Poultry Animal Feed Operation Notice of Intent but the following deficiencies need to be addressed. Please update the number of poultry houses from 8 to 12, please update Section I.B. on page 1 to indicate the correct number of incinerators located at the farm, and on page 3 please mark through and initial item III. Where you marked no and resign and re-date the Notice of Intent again. Once these corrections have been made to your NOI, please re-submit to our office. If you have any questions regarding this letter, please feel free to contact me at (601) 961-5580.

Sincerely,

Becky Nester
Agricultural Branch
Environmental Permits Division

Changes made
and ~~are~~ are
attached

35055 GNP20140001

OFFICE OF POLLUTION CONTROL

POST OFFICE BOX 2261 • JACKSON, MISSISSIPPI 39225-2261 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us

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