



**MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY (MDEQ)  
CONCENTRATED ANIMAL FEEDING OPERATION  
MULTIMEDIA GENERAL POLLUTION CONTROL  
GENERAL PERMIT NO. MSG22**

**CAFO FORMS PACKAGE**

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- RAIN GAUGE LOG SHEET..... Appendix E
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- CAFO AND/OR INCINERATOR REQUEST FOR TERMINATION..... Appendix K
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**These standard forms are used to apply for permit coverage under the CAFO Multimedia General Pollution Control Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at [www.mdeq.ms.gov](http://www.mdeq.ms.gov). Required information can be completed on screen, printed and signed.**



## Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division  
POST OFFICE BOX 2261 • JACKSON, MS 39225-2261  
TEL: (601) 961-5171 • FAX: (601) 354-6612  
www.mdeq.ms.gov



# CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) MULTIMEDIA GENERAL PERMIT MSG22 COVERAGE AND RE-COVERAGE FORM

## INSTRUCTIONS

All questions must be answered for this notice of intent to be considered complete. If an item does not apply, enter “N/A” for not applicable to show that you considered the question.

Applicant must be the owner and/or operator of the property.

To obtain recoverage under this general permit, an source shall submit a CAFO NOI. If a current Comprehensive Nutrient Management Plan (CNMP) is not on file at MDEQ then a current plan must be submitted with the NOI. The CNMP must include a map with a compass direction header, and shows property boundaries and the approximate location of each existing structure (chicken house, incinerator, dead box, land application field(s), composting area, litter storage structure, etc.).

For recoverage under this general permit, this form must be completed and returned MDEQ within **90 days of the date of the Letter of Instruction for Re-Coverage**. For other NOI submittal deadlines see Condition T-1 of ACT 2, of the CAFO GP. All forms must be submitted to: Chief, Environmental Permits Division, Mississippi Department of Environmental Quality, PO Box 2261, Jackson, Mississippi 39225-2261

Coverage for construction and/or operation of animal 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 call (601) 961-5171 or visit <https://www.mdeq.ms.gov/cafogp/>. Carcasses generated at facilities other than the one identified in this NOI are not permitted for incineration under this coverage. Only carcasses generated on site are permitted for incineration. All other materials such as leaves, trash, and construction debris, are strictly forbidden.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Concentrated Animal Feeding Operations Forms Package. Facilities that continue to operate without applicable permit coverage are in violation of state law. This NOI is not required to be submitted if the facility is submitting a request for termination of coverage.

If the previous coverage included regulated construction activities which need to be continued then an appropriate Storm Water Construction Notice of Intent must be completed and submitted to MDEQ with this NOI. Construction activities, including clearing, excavating, and other land disturbing activities equal to or greater than five (5) acres require compliance with the Large Construction General Permit and submittal of a Large Construction Notice of Intent (LCNOI). The Large Construction General Permit, the LCNOI and other required forms can be found at the following link:

<https://www.mdeq.ms.gov/permits/environmental-permits-division/applications-forms/generalpermits/construction-stormwater/>



# CONCENTRATED ANIMAL FEEDING OPERATION GENERAL PERMIT NOTICE OF INTENT (CAFO NOI)



**COVERAGE NUMBER: MSG22** \_\_\_\_ \_\_\_\_ \_\_\_\_ . 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

Facility _____	Name: _____
Owner Name: _____	
Mailing Address - <b>Street or P.O. Box:</b> _____	
City: _____	State: _____ Zip: _____
Physical Site Address - <b>Street (can not be a P.O. Box):</b> _____	
City: _____	State: _____ Zip: _____
County: _____ Latitude: _____	
Longitude : _____	
Facility Telephone: ( ____ ) _____	Fax: ( ____ ) _____
Contact Cell No.: ( ____ ) _____	Other: ( ____ ) _____

## II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

### A. TYPE AND NUMBER OF ANIMALS (Check all that apply and indicate the number of animals)

Type	No. In Open Confinement	No. Housed Under Roof	Type	No. In Open Confinement	No. Housed Under Roof
<input type="checkbox"/> Swine (55 lbs. or over)	_____	_____	<input type="checkbox"/> Dairy Cows	_____	_____
<input type="checkbox"/> Swine (under 55 lbs.)	_____	_____	<input type="checkbox"/> Heifers	_____	_____
<input type="checkbox"/> Chickens (broilers)	_____	_____	<input type="checkbox"/> Veal Calves	_____	_____
<input type="checkbox"/> Chickens (layers)	_____	_____	<input type="checkbox"/> Other: Specify _____	_____	_____
<input type="checkbox"/> Cattle (not dairy or veal calves)	_____	_____			

### B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

1. How much manure, litter, and wastewater is generated annually by the facility? \_\_\_\_\_ tons or \_\_\_\_\_ gallons
2. How many acres of land, under the control of the applicant, are available for land application? \_\_\_\_\_ acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? \_\_\_\_\_ tons \_\_\_\_\_ gallons

**II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS (CONTINUED)**

**C. TYPE OF CONTAINMENT, STORAGE AND CAPACITY FOR MANURE, LITTER AND PROCESS WASTEWATER** (Check all that apply and indicate total days of storage and their capacity)

<u>Type</u>	<u>Total Capacity (in gallons)</u>	<u>Type</u>	<u>Total Capacity (in gallons)</u>
<input type="checkbox"/> Anaerobic Lagoon	_____	<input type="checkbox"/> Storage Lagoon	_____
<input type="checkbox"/> Roofed Storage Shed	_____	<input type="checkbox"/> Concrete Pad	_____
<input type="checkbox"/> Impervious Soil Pad	_____	<input type="checkbox"/> Other: Specify _____	_____

**D. NUTRIENT MANAGEMENT PLAN (NMP)**

- Number of existing houses/barns: \_\_\_\_\_  
 Number of proposed houses/barns: \_\_\_\_\_
- Facility must have and provide a current Comprehensive Nutrient Management Plan (CNMP).  
  
 CNMP Development Date: \_\_\_\_\_ CNMP Expiration Date: \_\_\_\_\_
- A topographic map of the geographic area, showing the production area and the land application fields, was submitted with the current NMP.  Yes  No

**Note: The 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. This NOI is not complete unless a current NMP is either on file at the MDEQ office or a current NMP is submitted with this NOI.**

**III. CONSTRUCTION AND/OR OPERATION OF AN ANIMAL MORTALITY INCINERATOR**

No, there will be no mortality incineration equipment located at the facility. If at a future date you wish to construct and/or operate mortality incineration equipment, you must submit an updated Multimedia CAFO GP NOI, completing sections III and V of this NOI and Appendix A. Constructing and operating mortality incineration equipment without written notification of a modified coverage or issuance of individual permits is a violation of state law.

Yes, there will be mortality incineration equipment located at the facility. Complete Section III.

**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: \_\_\_\_\_

1. Manufacture Date: _____	Latitude: _____	Longitude: _____
2. Manufacture Date: _____	Latitude: _____	Longitude: _____
3. Manufacture Date: _____	Latitude: _____	Longitude: _____

#### IV. CERTIFICATION

**Note:** This NOI shall be signed according to the Multimedia CAFO GP, ACT8, Condition T-16, 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 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.**

\_\_\_\_\_  
*Signature of Responsible Official*

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

\_\_\_\_\_  
*Name of Responsible Official (Printed or Typed)*

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

DAILY WATER LINE INSPECTION LOG SHEET - YEAR \_\_\_\_\_

*Instructions: Initial the form each day after the inspection is completed. Only check the "LD" box if a leak is detected.  
If a leak is detected, a sheet must be attached identifying where the leak was detected and when the leak was fixed.*

Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec					
Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD	Day	Initials	LD
1			1			1			1			1			1			1			1			1			1			1			1					
2			2			2			2			2			2			2			2			2			2			2			2					
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4			4			4			4			4			4			4			4			4			4			4			4					
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31						31			31			31			31			31			31			31			31			31			31					

**WEEKLY INSPECTIONS - YEAR \_\_\_\_\_**

(1) STORMWATER/RUNOFF DIVERSION AND CHANNELLING DEVICES/STRUCTURES; (List items below to be inspected)

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(2) MANURE, LITTER, AND PROCESS WASTEWATER IMPOUNDMENTS; (List items below to be inspected)

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*Instructions: Date and initial the form after the completion of the weekly inspections. Check columns (1) and (2) to indicate that each of these inspections were completed. Record the level indicated on the depth marker. Check the "DF" box only if deficiencies are found. If the DF box is checked then a sheet must be attached identifying the deficiencies, corrective actions taken and date of the corrective actions.*

	Date	Initials	1	2	3	Depth Marker	DF
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15							
Week 16							
Week 17							
Week 18							
Week 19							
Week 20							
Week 21							
Week 22							
Week 23							
Week 24							
Week 25							
Week 26							

	Date	Initials	1	2	3	Depth Marker	DF
Week 27							
Week 28							
Week 29							
Week 30							
Week 31							
Week 32							
Week 33							
Week 34							
Week 35							
Week 36							
Week 37							
Week 38							
Week 39							
Week 40							
Week 41							
Week 42							
Week 43							
Week 44							
Week 45							
Week 46							
Week 47							
Week 48							
Week 49							
Week 50							
Week 51							
Week 52							

## LAND APPLICATION EQUIPMENT INSPECTION LOG SHEET

*Instructions: Date and initial the form after each inspection has been completed. Check the "DF" box only if deficiencies are found. If the DF box is checked then a sheet must be attached identifying the deficiencies, identifying the corrective actions taken and the date the corrective actions were completed.*

*Note: It is recommended that the equipment be inspected monthly if being used. If the equipment is not used in a month then "N/A" may be placed in the "Date" box.*

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

YEAR: \_\_\_\_\_

Month	Date	Initials	DF
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			





## LAND APPLICATION LOG SHEET

*Instructions: For each land application event - provide the application date; identify the application field; the application method used; the weather conditions 24 hours before, during and 24 hours after the application event; and the total amount of nitrogen and total amount of phosphorus applied to the field.*

Date	Field ID	Method	Weather			Total N	Total P
			24 hrs before	during	24 hrs after		

# TRANSFER OF MANURE, LITTER, OR PROCESS WASTEWATER LOG SHEET

*Instructions: Complete the form below indicating the type and amount of manure (in tons), litter (in tons), or process wastewater (in gallons) transferred. Type refers to manure, litter, or process wastewater. Check the box "Analysis Provided" to indicate that the most current nutrient analysis was provided to the recipient.*

Date of Transfer	Name of Recipient	Address of Recipient	Type and Amount Transferred	Analysis Provided

## NPDES CAFO PERMIT ANNUAL REPORT

NPDES Permit Number:

Reporting period (mm/dd/yyyy - mm/dd/yyyy):

AI#:

/ / - / /

Facility Name:

### I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof	
Mature Dairy Cows			
Dairy Heifers			
Veal Calves			
Other Cattle			
Swine (55 lb. or more)			
Swine (under 55 lb.)			
Horses			
Sheep or Lambs			
Turkeys			
Chickens (broilers)			
Chickens (layers)			
Ducks			
Other: (specify): _____			

### II. MANURE, LITTER, AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility in the 12-month period covered by this report.

- A. Amount of manure generated in the 12-month period covered by this report. \_\_\_\_\_ tons
- B. Amount of litter generated in the 12-month period covered by this report. \_\_\_\_\_ tons
- C. Amount of process wastewater generated in the 12-month period covered by this report. \_\_\_\_\_ gallons

**III. MANURE, LITTER, AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS**

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons in the 12-month period covered by this report.

- A. Amount of manure transferred in the 12-month period covered by this report. \_\_\_\_\_ tons
- B. Amount of litter transferred in the 12-month period covered by this report. \_\_\_\_\_ tons
- C. Amount of process wastewater transferred in the 12-month period covered by this report. \_\_\_\_\_ gallons

**IV. LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER**

- A. Report the total number of acres of land that are covered by this facility’s nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

Total number of land application acres covered by the nutrient management plan. \_\_\_\_\_ acres

- B. Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.

Total number of acres under the control of the CAFO used for land application in the 12-month period covered by this report. \_\_\_\_\_ acres

**V. SUMMARY OF DISCHARGES**

Provide a summary of each discharge of manure, litter, and/or process wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.

Date <sup>a</sup>	Time <sup>b</sup>	Location <sup>c,f</sup>	Description <sup>d,f</sup>	Volume <sup>e</sup>

<sup>a</sup> **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.  
<sup>b</sup> **Time:** The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.  
<sup>c</sup> **Location:** The location of the discharge to waters of the U.S. Be specific. Include the name of the water body, and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).  
<sup>d</sup> **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).  
<sup>e</sup> **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged.  
<sup>f</sup> This information is not required by the NPDES CAFO regulations to be included in the annual report.

**VI. NUTRIENT MANAGEMENT PLAN**

Indicate whether the facility’s nutrient management plan was either developed or approved by a certified nutrient management planner. Note: The MDEQ does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve nutrient management plans.

Was the current version of this facility’s nutrient management plan prepared or approved by a certified nutrient management planner?  Yes  No

**VII. INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED**

During the past 12 months have there been any instances of noncompliance which have not been reported to the permitting authority?  Yes  No If yes, please provide the information requested below.

If during the past 12 months there been instances of noncompliance which have not been reported to the permitting authority please provide the following information, for each instance, along with this annual report:

- Description of the noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where the noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance

**VIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this 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 intend to continue operating this facility and wish to seek recoveage once the general permit is reissued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Submit by: **Due annually by the 28<sup>th</sup> of January. First report is due January 28, 2023.**

Submit to: **Chief, Environmental Permits Division  
MS Dept. of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225**



# Submittal of an Updated Nutrient Management Plan (NMP)

*(Use this form when the NMP has been updated but no other changes have occurred at the farm. Examples of changes that would require an updated Concentrated Animal Feeding Operation Notice of Intent (CAFO NOI) to be submitted would include but are not limited to animal type, number of barns, and addition of incineration equipment. Please print.)*

Multimedia General Pollution Control Permit Coverage No. MSG22 \_\_\_\_\_ County: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Agency Interest No.: \_\_\_\_\_

This updated plan is being submitted because the existing plan is either expired or about to expire and does not include any of the items below but may include other minor changes.

This updated plan includes one or more of the following items (please check all that apply):

**NOTE: If any of the following items are marked then the coveragee must wait until written notification is received from MDEQ before implementing these changes.**

- addition of new land application areas not included in the current plan.
- changes to the field-specific maximum annual rates for land application and to the maximum amounts of nitrogen and phosphorus derived from all sources for each crop.
- addition of any crop or other uses not included in the current plan and corresponding field-specific rates of application.
- changes to site-specific components of the current plan where such changes are likely to increase the risk of nitrogen and phosphorus transport to waters of the U.S.

Please summarize any changes identified above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**  
*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.*

\_\_\_\_\_  
Permittee/Authorized Name [Print]                      (\_\_\_\_\_)                      Telephone Number                      Signature                      Date

This form shall be submitted to: Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225-2261



# Notice of Termination (NOT) of Coverage under the Concentrated Animal Feeding Operation General Permit

(Use this form to request termination of coverage for the incinerator requirements and/or the entire farming operation. Please print.)

Multimedia General Pollution Control Permit Coverage No. MSR22 \_\_\_ \_\_\_ \_\_\_ County: \_\_\_\_\_  
(Fill in your certificate of coverage number & county where project is located.)

Name of Owner: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Mailing Address:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Site Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I am requesting termination of coverage for incineration requirements only. All incinerators located at the above permitted property have either been removed from said property or have been dismantled.
- I am requesting termination of coverage for the entire farming operation. All animals and animal waste have been removed from the property and if incinerators were located on the property then all incinerators have either been removed from said property or have been dismantled. A Closure Plan, indicating how closure will occur so that no potential environmental hazard to waters of the State will be presented, must be submitted to MDEQ in accordance with Condition S-6 found in ACT 8 of the CAFO General Permit.

## CERTIFICATION:

Based upon inspection(s) of the permitted site which I or personnel under my direct supervision conducted, I certify under penalty of law that all animals and animal waste have been removed from the property and if incinerators were located on the property then all incinerators have either been removed from said property or have been dismantled. I understand that by submitting this notice of termination, that I am no longer authorized to operate a concentrated animal feeding operation nor incinerators for animal mortality. I also understand that the submittal of this notice of termination does not release me from liability for any violations of Mississippi's Concentrated Animal Feeding Operation Multimedia General Permit, the Clean Air Act, or the Clean Water Act. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
Permittee/Authorized Name [Print]      (\_\_\_\_\_)      \_\_\_\_\_      \_\_\_\_\_  
Telephone Number      Signature      Date

This form shall be submitted to:

Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225-2261

# Contiguous Landowner Notification of a Concentrated Animal Feeding Operation Facility

(See ACT 3, Condition S-1)

CERTIFIED MAIL NO.: \_\_\_\_\_

Date mailed: \_\_\_\_\_

\_\_\_\_\_  
*Company Name as Identified by MDEQ (please print)*

\_\_\_\_\_  
*Coverage No. (if currently permitted)*

located at \_\_\_\_\_  
*Physical Street Address, City*

MS \_\_\_\_\_  
*State County*

is proposing to construct and operate a Concentrated Animal Feeding Operation (to construct and operate animal house(s)). This \_\_\_\_\_ operation has \_\_\_\_\_ existing house(s); the applicant proposes to build \_\_\_\_\_ new house(s). If permitted, the operation of the animal house(s) will involve the management of animal waste and may involve the operation of an incinerator. The operation shall **NOT** have a discharge of process wastewater or contaminated stormwater. The Natural Resource Conservation Service (NRCS) will develop a Comprehensive Nutrient Management Plan (CNMP) to address the management of the animal waste. The CNMP will become an enforceable part of the permit along with other conditions which will allow the facility to operate within all state and federal environmental laws and regulations. The permit can be found at the following link: <https://www.mdeq.ms.gov/cafogp/>

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This letter is to provide you notification of the proposed project and to provide you an opportunity to comment regarding environmental concerns about the project. MDEQ only has legal authority to consider environmental issues specified in the applicable laws and regulations. MDEQ does not have legal authority to consider matters outside of its jurisdiction; thus, comments regarding zoning or other non-environmental related comments should be directed to the local zoning and planning authorities.

If you do not have environmental comments regarding the proposed project, then no response is necessary and the permitting process will continue. If you have environmental comments regarding the proposed project, please notify MDEQ in writing within thirty (30) days from the postmarked date of this notification or by the end of the MDEQ 10-day online notification period, whichever is later. The online notification of the project can be found at the following link: <https://www.mdeq.ms.gov/ensearch/general-permit-notice-of-intents>. When making written comment, please reference the proposed project using the information above and provide your contact phone number and address. If you would like to request records or discuss concerns that you have regarding this project, please feel free to contact MDEQ at (601) 961- 5171. Comments are to be mailed to the following address:

Chief, Environmental Permits Division  
Mississippi Department of Environmental  
Quality P. O. Box 2261  
Jackson, Mississippi 39225-2261

**ANIMAL WASTE DISPOSAL SYSTEM**  
**BUFFER ZONE WAIVER**

Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

Farm Name: \_\_\_\_\_ Farm Physical Address: \_\_\_\_\_  
Farm Owner Name: \_\_\_\_\_

**Please check one of the following:**

- I attest that I am the sole owner of the property in question; or
- We, the following individuals, attest that we jointly own the property in question.

Individual(s) Name	Physical Address	Mailing Address

I (we) are aware of the construction of the animal waste disposal system identified above and I (we) have no objection to this facility being within the within 300 feet of the property in question or within 1,000 feet from our residences as required by the Mississippi Department of Environmental Quality Permit Board.

**Date and Signatures:**

Date: \_\_\_\_\_ Owner  
Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: _____</p> <p>City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address::</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>		
<p>Item III.</p> <p>Previous Permittee <sup>1</sup>: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee <sup>1</sup>: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>		
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>		
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature <sup>2</sup>: _____</p> <p>Title: _____ Date: _____</p>		
<p>Item IX.</p> <p style="text-align: center;"><b>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</b></p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p><b>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print New Permittee <sup>1</sup> Name</p> <p>_____</p> <p>New Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print Previous Permittee <sup>1</sup> Name</p> <p>_____</p> <p>Previous Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p> </td> </tr> </table>		<p>_____</p> <p>Print New Permittee <sup>1</sup> Name</p> <p>_____</p> <p>New Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p>	<p>_____</p> <p>Print Previous Permittee <sup>1</sup> Name</p> <p>_____</p> <p>Previous Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p>
<p>_____</p> <p>Print New Permittee <sup>1</sup> Name</p> <p>_____</p> <p>New Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p>	<p>_____</p> <p>Print Previous Permittee <sup>1</sup> Name</p> <p>_____</p> <p>Previous Authorized Signature <sup>2</sup></p> <p>_____</p> <p>Title _____ Date _____</p>		

<sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup> Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225-2261**  
**(601) 961-5171**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> <b>A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</b></p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p>
<b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b>	
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p><b>OTHER INFORMATION:</b></p>