



## Mississippi Department of Environmental Quality

Office of Pollution Control – Environmental Permits Division

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# DAIRY CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) NOTICE OF INTENT (DCNOI) FOR COVERAGE UNDER THE MULTIMEDIA GENERAL PERMIT INCLUDING NPDES REQUIREMENTS FOR DAIRY CAFO OPERATIONS GENERAL PERMIT NUMBER MSG21\_ \_ \_ \_ \_ (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 USGS quad map or a copy showing the site location. Quad maps can be obtained from the Office of Geology (601/961-5523). If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.
- A site drawing.
- An updated Nutrient Management Plan (NMP). See the Dairy CAFO General Permit (condition T-10, p. 4 of 46) for more information.

USGS quad maps submitted must extend at least one mile beyond the property boundaries of the facility showing the specific location of the production area 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, production area and must indicate the approximate location of each existing and proposed structure (barn, lagoon, incinerator, dead box, land application field, composting area, etc). The site drawing must include a compass direction header.

Additional submittal may include:

- A construction Storm Water Pollution Plan (SWPPP) is only required for initial construction of facilities including clearing, grading, and excavation, that result in the disturbance of one acre or more of land. See the Dairy CAFO General Permit (conditions S-1 & S-2 pp. 39 - 40 of 46) for more information.

All forms must be submitted to: Chief, Environmental Permits Division, Mississippi Department of Environmental Quality, P.O. Box 2261, Jackson, Mississippi 39225-2261.

**All questions must be answered.** For this application to be considered, all questions on this form must be

**I. GENERAL INFORMATION:**

**CONTACT AND FACILITY INFORMATION**

Is the Applicant the Owner  or Operator ? (Check one or both)

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

Name of Operator (if different than owner): \_\_\_\_\_

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

Mailing Address:

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

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

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) \_\_\_\_\_

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

County: \_\_\_\_\_

Provide latitude and longitude of the production area (entrance to production area):

Latitude (degrees/min/sec): \_\_\_\_\_

Longitude (degrees/min/sec): \_\_\_\_\_

Nearest named receiving stream: \_\_\_\_\_

Facility Telephone No. (Include Area Code): \_\_\_\_\_

**II. CONCENTRATED DAIRY FEEDING OPERATION CHARACTERISTICS:**

**NUMBER OF DAIRY COWS & DAIRY HEIFERS (SIC 0241):** \_\_\_\_\_

**LIST ALL APPLICABLE TYPES OF CONTAINMENT, STORAGE, AND CAPACITIES**

<b>Type of Storage</b>	<b>Total Capacity for Manure, Litter and Process Wastewater (gallons or tons)</b>
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Storage Pond	
<input type="checkbox"/> Under Floor Pits	
<input type="checkbox"/> Above Ground Storage Tanks	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input type="checkbox"/> Other, Specify: _____	

Total number of acres from process area contributing to drainage: \_\_\_\_\_ acres



### III. 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*

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

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

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