

**NPDES Notice of Intent (NOI)**  
**Concentrated Animal Feeding Operations(CAFO)**  
**ARG590000**

I. GENERAL INFORMATION				
A. TYPE OF BUSINESS	B. CONTACT INFORMATION		C. FACILITY OPERATION STATUS	
Concentrated Animal Feeding Operation	Owner/or Operator Name <u>Jason Henson</u>  Address (No-POBOX) <u>Hc 72 PO Box 10 Mount Judea Arkansas 72655</u>  Telephone: <u>(870) 715-9468 (Cell)</u>  Email: <u>jasonh@rittermail.com</u> .....  City: <u>Mount Judea</u> State: <u>AR</u> Zip Code: <u>72655</u>		<input type="checkbox"/> 1. Existing Facility  <input checked="" type="checkbox"/> 2. Proposed Facility	
D. FACILITY INFORMATION				
Name: <u>C&amp;H Hog Farms</u> Telephone: <u>(870) 688-1318</u>  Address: <u>Hc 72 PO Box 10</u> City: <u>Mount Judea</u> State: <u>AR</u> Zip Code: <u>72655</u>  County: <u>Newton</u> Latitude: <u>35, 55' 13.6"</u> Longitude: <u>93, 4' 51.0"</u>  If contract operation: Name of Integrator: _____  Address of Integrator: _____				
II CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS				
A. TYPE AND NUMBER OF ANIMALS		B. Manure, Litter, and/or Wastewater Production and Use		
2. ANIMALS		1. How much manure, litter, and wastewater is generated annually by the facility? .....tons <u>2,090,181</u> gallons  2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? <u>630.7</u> acres  3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? <u>0</u> tons/gallons (circle one)		
1. TYPE	NO. IN OPEN CONFINEMENT			NO. HOUSED UNDER ROOF
<input type="checkbox"/> Mature Dairy Cows				
<input type="checkbox"/> Dairy Heifers				
<input type="checkbox"/> Veal Calves				
<input type="checkbox"/> Cattle (not dairy or veal calves)				
<input checked="" type="checkbox"/> Swine (55 lbs. or over)				2,503
<input checked="" type="checkbox"/> Swine (under 55 lbs.)				4,000
<input type="checkbox"/> Horses				

<input type="checkbox"/> Sheep or Lambs			
<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify .....			
3. TOTAL ANIMALS			

C.  TOPOGRAPHIC MAP : See Section E Sheet 2

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
<input type="checkbox"/> Lagoon	
<input checked="" type="checkbox"/> Holding Pond	2,735,922
<input type="checkbox"/> Evaporation Pond	
<input checked="" type="checkbox"/> Other: Specify <u>Shallow Pits</u>	759,542

2. Report the total number of acres contributing drainage: 0 acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

E. NUTRIENT MANAGEMENT PLAN

Note: A permit application is not complete until a nutrient management plan (NMP) is submitted with NOI.

1. Please indicate whether a nutrient management plan has been included with this permit application.  Yes  No (STOP)
2. Is a nutrient management plan being implemented for the facility?  Yes  No
3. The date of the last review or revision of the nutrient management plan. Date: May 30, 2012
4. If not land applying, describe alternative use(s) of manure, litter, and or wastewater:  
\_\_\_\_\_  
\_\_\_\_\_

F. LAND APPLICATION BEST MANAGEMENT PRACTICES

Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:

- Buffers  Setbacks  Conservation tillage  Constructed wetlands  Infiltration field  Grass filter  Terrace

III. CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. Name and Official Title (print or type) <u>Jason Henson owner</u>	B. Phone No. (870) <u>638-1318</u>
C. Signature <u>Jason Henson</u>	D. Date Signed <u>6-5-12</u>