



Tennessee Department of Environment and Conservation,
 Division of Water Resources
 William R. Snodgrass-Tennessee Tower
 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243
 (615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
 STATE OPERATING PERMIT (SOP)
 NOTICE OF INTENT (NOI)**

Type of permit you are requesting: SOPCD0000 (designed to discharge) SOPC00000 (no discharge) Unknown, please advise
 Application type: New Permit Permit Reissuance Permit Modification
 If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

Operation Name: Eagle View Farm		County: Clay
Operation Location/ Physical Address: 926 Charlie Melton Rd. Allons, TN 38541		Latitude: 36.571566 Longitude: -85.289717
Name and distance to nearest receiving water(s): well @ 300 ft. Public Water Meter 1500 ft		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: 128,400	Number of Barns: 6	Name of Integrator: Equity Grp
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): William David Jones	Title or Position: owner / contract grower		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: 926 Charlie Melton Rd	City: Allons	State: TN Zip: 38541	
Phone number(s): 931-704-1822 931-403-1797	E-mail: jones@twlakes.net		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Optional Contact: 931-403-1797	Title or Position:		
Address:	City:	State: Zip:	
Phone number(s):	E-mail:		

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 0400-40-05-.14)

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 gather and evaluate 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.

Name and title; print or type William David Jones / owner	Signature <i>William David Jones</i>	Date 12-12-14
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STATE USE ONLY

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date

RECEIVED RDA 2366
DEC 18 2014



Comprehensive Nutrient Management Plan (Version 1, 5/1/2007 Format)

The Comprehensive Nutrient Management Plan (CNMP) is an important part of the conservation management system (CMS) for your Animal Feeding Operation (AFO). This CNMP documents the planning decisions and operation and maintenance for the animal feeding operation. It includes background information and provides guidance, reference information and Web-based sites where up-to-date information can be obtained. Refer to the Producer Activity document for information about day-to-day management activities and recordkeeping. Both this document and the Producer Activity document shall remain in the possession of the producer/landowner.

Farm contact information: Eagle View Farm
c/o David Jones
926 Charlie Melton Road
Allons, TN 38541
931-403-1797

Latitude/Longitude: 36°34'20.81" N 85°17'22.95" W

Plan Period: Jan 2012 - Dec 2016

Conservation Planner

As a Conservation Planner, I certify that I have reviewed both the *Comprehensive Nutrient Management Plan* and *Producer Nutrient Management Activities* documents for technical adequacy and that the elements of the documents are technically compatible, reasonable and can be implemented.

Signature: Chris Mosley Date: 8/13/12
Name: Chris Mosley
Title: Senior Project Engineer Certification Credentials: TSP-06-5596

Conservation District

The Conservation District has reviewed the CNMP documents and concurs that the plan meets the District's goals.

Signature: Jeffery Young Date: 8/20/12
Name:
Title:

Owner/Operator

As the owner/operator of this CNMP, I, as the decision maker, have been involved in the planning process and agree that the items/practices listed in each element of the CNMP are needed. I understand that I am responsible for keeping all the necessary records associated with the implementation of this CNMP. It is my intention to implement/accomplish this CNMP in a timely manner as described in the plan.

Signature: David Jones Date: 8-17-2012
Name: David Jones

RECEIVED

DEC 18 2014

Section 2. Manure and Wastewater Handling and Storage

Signature: Chris J Mosley Date: 8/13/12
Name: Chris Mosley
Title: Senior Project Engineer Certification Credentials: TSP-06-5596

Sections 4. Land Treatment

Signature: Chris J Mosley Date: 8/13/12
Name: Chris Mosley
Title: Senior Project Engineer Certification Credentials: TSP-06-5596

Section 6. Nutrient Management

The Nutrient Management component of this plan meets the Tennessee Nutrient Management 590 and Waste Utilization 633 Conservation Practice Standards.

Signature: Chris J Mosley Date: 8/13/12
Name: Chris Mosley
Title: Senior Project Engineer Certification Credentials: TSP-06-5596

Section 8. Other Utilization Options

Signature: Chris J Mosley Date: 8/13/12
Name: Chris Mosley
Title: Senior Project Engineer Certification Credentials: TSP-06-5596

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