LaRonda Sneed

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 TRANSFER OF CAFO to LaRonda Sneed FROM Shai Gu

Operation Name: C and L Farms LLC	County: Bradley
Operation Location/ Physical Address: 171 Carter Rd Cleveland TN 37323	Latitude: 35.059400 Longitude: -84.802076
Name and distance to nearest receiving water(s):	
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:	

Animal Type: ☑ Poultry ☐ Swine ☐ Dairy ☐ Beef ☐ Other ____ Broiler type

Number of Animals: 60,000 | Number of Barns: 2 | Name of Integrator: Pilgrim's Pride

Type of Animal Waste Management: (check all that apply) ☑ Dry ☐ Liquid ☐ Liquid, Closed System (i.e. covered tank, under barn pit, etc.)

Attach the NMP ☐ NMP Attached | Attach the closure plan ☐ Closure Plan Attached | Attach a topographic map ☐ Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): LaRonda Sneed	Title or Position: Owner			
Mailing Address: 171 Carter Rd	City: Cleveland	State: TN	Zip: 37323	☐ Correspondence ☐ Invoice
Phone number(s): 423 310-0156	E-mail: larondas2@att.net			
Optional Contact: Nathan Sneed	Title or Position: Owner			
Address: 171 Carter Rd	City: Cleveland	State: TN	Zip: 37323	☐ Correspondence ☐ Invoice
Phone number(s): 423 284-9159	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	Signature	Date
LaRonda B Sneed owner	LaRonda B Sneed	8-14-14

STATE USE ONLY

Received Date	Reviewer	HPO	T & E Aquatic Focus	Tracking No.
	Impaired Streams Stream	High Quality Water		NOI Date

CN-1147 (Rev. 08-14) continued RDA 2366

RECEIVED
AUG 26 2014