AI: 89786

MSR109678



Rec'd via email: 10/08/2025

MISSISSIPPI DEPARTMENT OF **ENVIRONMENTAL QUALITY** 

# LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

### **INSTRUCTIONS**

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

#### Submittals with this LCNOI must include:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

#### Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements
- Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties
- Antidegradation report for disturbance within Waters of the State

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

## (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	WNER PRIME CONTRACTO	PR		
OWI	NER CONTACT INFORMATION			
OWNER CONTACT PERSON:				
OWNER COMPANY LEGAL NAME:				
OWNER STREET OR P.O. BOX:				
OWNER CITY:	STATE:	ZIP:		
OWNER PHONE #: ()	OWNER EMAIL:			
PREP	ARER CONTACT INFORMATIO			
IF NOI WAS PREPARED BY SOMEONE O	THER THAN THE APPLICANT			
CONTACT PERSON:				
COMPANY LEGAL NAME:				
STREET OR P.O. BOX:				
CITY:	STATE:	ZIP:		
PHONE # (904) 680-2976	EMAIL:			
PRIME CONTRACTOR CONTACT	T INFORMATION			
PRIME CONTRACTOR CONTACT PER	SON:			
PRIME CONTRACTOR COMPANY LEG				
PRIME CONTRACTOR STREET OR P.C				
PRIME CONTRACTOR CITY:				
PRIME CONTRACTOR PHONE #: (				
FACILITY SITE INFORMATION				
FACILITY SITE NAME:				
FACILITY SITE ADDRESS (If the physica indicate the beginning of the project and ident	tify all counties the project traverses.)			
STREET:STA	ATE:COUNTY:	ZIP·		
FACILITY SITE TRIBAL LAND ID (N/A				
LATITUDE: degrees minutes				
LAT & LONG DATA SOURCE (GPS (Please	<del>_</del>	<del></del>		
TOTAL ACREAGE THAT WILL BE DIS				
TOTAL ACREAGE THAT WILL BE DIS	TONDED .			

IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES 🗆	NO □
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:AND PERMIT COVERAGE NUMBER: MSR10		
ESTIMATED CONSTRUCTION PROJECT START DATE:	YYYY-MM-DD	-
ESTIMATED CONSTRUCTION PROJECT END DATE:	YYYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY:		
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BE	EN COMPLETED:	
SIC Code: NAICS Code		
NEAREST NAMED RECEIVING STREAM:		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	Big Sunflower River: YES, Lead on MDEQ's web site:	l Bayou: NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES□	$NO\square$
FOR WHICH POLLUTANT: Big Sunflower River: Pesticide, Sediment, Low Dissolved Oxygen, Nutrients, Fecal Coliform Lead Bayou: Nutrients		
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACACTIVITY?	YES □ TED BY THE CONS	
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPF	P):	
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NO□
IF YES, INDICATE THE TYPE OF FLOCCULANT.   ANIONIC POLYACI  OTHER	RYLIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE L AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	OCATION OF INTRO	ODUCTION
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?	YES □	NO□
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND STATE?	THE WATERS OF T	ГНЕ NO□
	110	1.0
IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.		

<sup>&</sup>lt;sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft<sup>2</sup> per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES □	NO □
IF YES, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE	□ PRETREATMEN	Т
$\square$ WATER STATE OPERATING $\square$ INDIVIDUAL NPDES	□ OTHER:	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for		NO □ ents.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PRODOCUMENTATION THAT:	OVIDE APPROPRIAT	E
-The project has been approved by individual permit, or -The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps i -The work will be covered by a nationwide or general permit and NOTIFICATION to the	is required, or Corps is required	
The project will be covered by a nationwide permit and NO NOTIFICATION is required to the Corps.		
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVE OF ANY KIND? (If yes, please provide an antidegradation report.)	EYANCE YES	NO
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Wat	YES □ er, Dam Safety.)	NO □
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.  Sanitary sews	WILL SANITARY SI age will not be generated on-site.	EWAGE
Existing Municipal or Commercial System. Please attach plans and specifications fo associated "Information Regarding Proposed Wastewater Projects" form or approva Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) recollection and treatment that the flows generated from the proposed project can and properly. The letter must include the estimated flow.	al from County Utility A ns can not be provided esponsible for wastewat	uthority in at the time ter
Collection and Treatment System will be Constructed. Please attach a copy of the coppermit from MDEQ or indicate the date the application was submitted to MDEQ (Date of the compensation	ver of the NPDES discl ate:	narge )
☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. I of General Acceptance from the Mississippi State Department of Health or certificati engineer that the platted lots should support individual onsite wastewater disposal sy	ion from a registered p	the Letter rofessional
☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lo feasibility of installing a central sewage collection and treatment system must be made response from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should supp disposal systems.	de by MDEQ. A copy of collection and wastew	of the ater system
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH TH	E PROJECT MUST C	OMPLY:

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.

Signature of Applicant<sup>1</sup> (owner or prime contractor)

11- SEP -ZOZS Date Signed

Matthew Ptacek

Project Manager

Printed Name<sup>1</sup>

Title

<sup>1</sup>This application shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official

Please submit the LCNOI form to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

**Electronically:** 

https://www.mdeq.ms.gov/construction-stormwater/

Revised 3/23/22