

AI : 84285

Rec'd via email:
06/21/2023

MSR10 _____
(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Dr. Alfred McNair

OWNER COMPANY LEGAL NAME: Savannah Pines, LLC

OWNER STREET OR P.O. BOX: 2953 Bienville Blvd, #142

OWNER CITY: Ocean Springs STATE: MS ZIP: 39564

* OWNER PHONE #: 228-218-1682 * OWNER EMAIL: alnmjr8989@gmail.com

PREPARER CONTACT INFORMATION

IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT

CONTACT PERSON: Bobby Heinrich

COMPANY LEGAL NAME: Heinrich & Associates, LLC

STREET OR P.O. BOX: 1806 23rd Ave., Suite B

CITY: Gulfport STATE: MS ZIP: 39501

PHONE # () 228-896-6768 EMAIL: bobby.h@heinrichassociates.net

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: N/A

PRIME CONTRACTOR COMPANY LEGAL NAME: N/A

PRIME CONTRACTOR STREET OR P.O. BOX: _____

PRIME CONTRACTOR CITY: _____ STATE: _____ ZIP: _____

PRIME CONTRACTOR PHONE #: () _____ PRIME CONTRACTOR EMAIL: _____

FACILITY SITE INFORMATION

FACILITY SITE NAME: The Meadows at Savannah Pines

FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)

STREET: Old Fort Bayou Rd

CITY: St Martin STATE: MS COUNTY: Jackson ZIP: 39566

FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A

LATITUDE: 30 degrees 26 minutes 21 seconds LONGITUDE: 88 degrees 48 minutes 11 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth

TOTAL ACREAGE THAT WILL BE DISTURBED: 50 Acres

O.C

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: 2023-09-27
 YYYY-MM-DD

ESTIMATED CONSTRUCTION PROJECT END DATE: 2024-3-27
 YYYY-MM-DD

DESCRIPTION OF CONSTRUCTION ACTIVITY: Home Construction

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
 The Streets, Water, Sewer, and Drainage are complete. The project will be a 217 Lot residential subdivision

SIC Code: 1623 NAICS Code 23

NEAREST NAMED RECEIVING STREAM: Fort Bayou

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 MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

FOR WHICH POLLUTANT:

ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY? YES NO

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):
Sandy Loam Hydric Soil

WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? YES NO

IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYLIMIDE (PAM)
 OTHER _____

IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?

IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? YES NO

WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE? YES NO

IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.

¹Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft² 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 PRETREATMENT
 WATER STATE OPERATING 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 permitting requirements.) YES NO

IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:

- The project has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required

IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVEYANCE OF ANY KIND? (If yes, please provide an antidegradation report.) 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 Water, Dam Safety.) YES NO

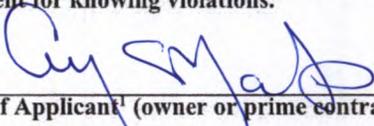
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.

- Existing Municipal or Commercial System.** Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.
- Collection and Treatment System will be Constructed.** Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: _____.)
- Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots.** Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.
- Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots.** A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4) WITH WHICH THE PROJECT MUST COMPLY:

N/A

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 Applicant¹ (owner or prime contractor)

* 6/20/2023
Date Signed

Dr. Alfred McNair
Printed Name¹

Owner
Title

¹This 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

Keep a Copy Available at the Permitted Facility or Locally Available
 Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

**LARGE CONSTRUCTION GENERAL PERMIT
 SITE INSPECTION AND CERTIFICATION FORM
 COVERAGE NUMBER (MSR10 _____)**



INSTRUCTIONS

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT9 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

COVERAGE RECIPIENT INFORMATION

OWNER/PRIME CONTRATOR NAME: _____

PROJECT NAME: _____

PROJECT STREET ADDRESS: _____

PROJECT CITY: _____ PROJECT COUNTY: _____

OWNER/PRIME CONTRACTOR MAILING ADDRESS: _____

MAILING CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ CONTACT PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____

INSPECTION DOCUMENTATION

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 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 fines and imprisonment for knowing violations.

* _____
 Authorized Signature

* _____
 Printed Name

* 6/20/2023
 Date

* _____
 Owner

* _____
 Title