AI: 87662 MSR109418



Rec'd via email: 10/31/2024

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. Eoverage 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

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

(NUMBER TO BE ASSIGNED BY STATE)

OWNER CONTACT INFORMATION OWNER CONTACT PERSON: OWNER COMPANY LEGAL NAME:		
OWNER STREET OR P.O. BOX:		
OWNER CITY:STATE:		
OWNER PHONE #: () OWNER EMAIL:		
PRIME CONTRACTOR CONTACT INF		_
PRIME CONTRACTOR CONTACT PERSON:		
PRIME CONTRACTOR COMPANY LEGAL NAME:		
PRIME CONTRACTOR STREET OR P.O. BOX:		
PRIME CONTRACTOR CITY: STATE: _		
PRIME CONTRACTOR PHONE #: () PRIME CONTRACT	ΓOR EMAIL:	

FACILITY SITE INFORMATI		
FACILITY SITE NAME:		
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.)	cate the nearest named road. For linear pro	jects
STREET:		
STREET: STATE: COUNTY	Y:ZIP:	
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):		
LATITUDE: degrees minutes seconds LONGITUDE:	degrees minutes seconds	
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map I	· · · · · · · · · · · · · · · · · · ·	
TOTAL ACREAGE THAT WILL BE DISTURBED 1:		
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES □ N	0 [
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10		
	VYZY MAC DD	
ESTIMATED CONSTRUCTION PROJECT START DATE:	YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT START DATE: ESTIMATED CONSTRUCTION PROJECT END DATE:	YYYY-MM-DD YYYY-MM-DD	
	YYYY-MM-DD	

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 M http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ DEQ's web site:	NO□
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES□	$_{ m NO}\square$
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES□ BY THE CONS	NO□ FRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NO□
IF YES, INDICATE THE TYPE OF FLOCCULANT. □ ANIONIC POLYACRYL □ OTHER	IMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCA AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	TION OF INTR YES □	ODUCTION NO□

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 FA	CILITY THAT WI	LL REQU	JIRE OTHER PERMITS?		YES □	NO □
IF YES, CHECK ALI	THAT APPLY:	□ AIR	☐ HAZARDOUS WAS	STE	PRETREATME	NT
□ WATER ST	TATE OPERATING	; 🗆	INDIVIDUAL NPDES		OTHER:	
			CROSSING A WATER CONTROL OF Engineers' Regulatory		YES □ ermitting requiren	NO □ nents.)
IF THE PROJECT R DOCUMENTATION		S OF EN	GINEER SECTION 404 PER	MIT, PROVI	DE APPROPRIA	ТЕ
• The project has	been approved by i	ndividual	permit, or			
• The work will b	e covered by a natio	nwide pe	rmit and NO NOTIFICATIO	N to the Corp	s is required, or	
• The work will b	e covered by a natio	nwide or	general permit and NOTIFIC	CATION to th	e Corps is require	d
IS A LAKE REQUIR (If yes, provide appro	ING THE CONSTR priate approval doc	UCTION imentatio	OF A DAM BEING PROPO n from MDEQ Office of Land	SED? d and Water,	YES □ Dam Safety.)	NO □
			MMERCIAL DEVELOPME ach the pertinent documents.		ILL SANITARY S	SEWAGE
associated "Info Hancock, Harriso of LCNOI subn collection and to	ormation Regarding on, Jackson, Pearl Rive nittal, MDEO will ac	Proposed or and Stor cept writ ws gener	Please attach plans and specif Wastewater Projects" form the Counties. If the plans and s ten acknowledgement from of the ated from the proposed projected flow.	or approval fi pecifications (fficial(s) respo	om County Utility can not be provide onsible for wastews	Authority in d at the time ater
Collection and permit from M	Γreatment System w DEQ or indicate the	ill be Cor date the a	astructed. Please attach a cop application was submitted to	y of the cover MDEQ (Date:	of the NPDES disc	charge)
of General Acco	eptance from the Mi	ssissippi S	ms for Subdivisions Less that State Department of Health of individual onsite wastewater	r certification	from a registered	f the Letter professional
feasibility of ins response from I is not feasible, t	talling a central sew MDEQ concerning t hen please attach a o m a registered profe	age collection in the second collection in the	ms for Subdivisions Greater action and treatment system m lity study must be attached. I e Letter of General Acceptan ngineer that the platted lots sl	ust be made b If a central col ce from the St	y MDEQ. A copy lection and wasted tate Department o	of the water system f Health or
INDICATE ANY LO	CAL STORM WAT	ER ORD	NANCE WITH WHICH TH	E PROJECT	MUST COMPLY	:

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 ¹ (owner or prime contractor)	Date Signed	
Printed Name ¹	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

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 ___ _ _ County _

(Fill in your Certificate of Coverage Number and County)



By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

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 permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON:	PHONE NUMBER: ()			
PRIME CONTRACTOR COMPANY:				
PRIME CONTRACTOR STREET (P.O. BOX):				
PRIME CONTRACTOR CITY:	STATE: ZIP:			
E-MAIL ADDRESS:				
	NER INFORMATION			
OWNER CONTACT PERSON:	PHONE NUMBER: ()			
OWNER COMPANY NAME:				
PROJ	ECT INFORMATION			
PROJECT NAME:				
DESCRIPTION OF CONSTRUCTION ACTIVITY:	·	_		
PHYSICAL SITE ADDRESS (If the physical address indicate the beginning of the project and identify all controls of the project and identify all controls of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the beginning of the physical address indicate the beginning of the project and identify all controls of the physical address indicate the physical a	s is not available indicate the nearest named road. For linear projects, counties the project traverses.)	J		
STREET:		_		
CITY:	COUNTY:	_		
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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.				
Prime Contractor Signature ¹	Date Signed	_		
Printed Name ¹	Title			

¹This application shall be signed as follows:

- 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.

This Prime Contractors Certification form shall be submitted to:

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

Revised: 10/25/16