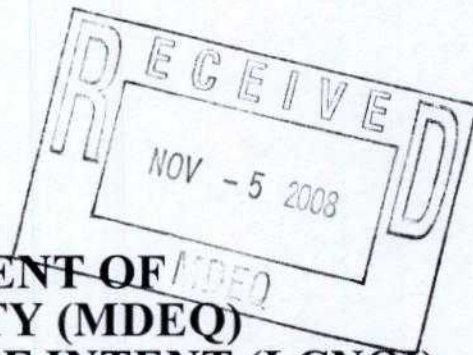


AI #38326  
GMP 20080001



**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)**  
**LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI)**  
**FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER**  
**GENERAL NPDES PERMIT MSR10 5312**  
(NUMBER TO BE ASSIGNED BY STATE)

**INSTRUCTIONS**

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction Storm Water General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities that are part of a larger common plan of development or sale that will disturb five (5) or more acres. Applicant must be 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 several responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

File at least thirty (30) days prior to the commencement of construction, fifteen (15) days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file. Discharge of storm water from a "large" construction site without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:

- A Storm Water Pollution Prevention Plan as described in the Large Construction Storm Water General Permit
- A USGS quad map or a copy showing site location

Additional submittals may include the following if applicable:

- Appropriate Section 404 documentation
- Appropriate sanitary sewage collection and disposal documentation
- Appropriate dam construction and low flow requirement documentation

**ALL INFORMATION MUST BE COMPLETED (Put "NA" if not applicable)**

**IS APPLICANT THE OWNER OR PRIME CONTRACTOR? (CIRCLE ONE OR BOTH)**

**OWNER INFORMATION**

OWNER CONTACT PERSON: Kamran Pahlavan, P.E.  
OWNER COMPANY NAME: Harrison County Utility Authority  
OWNER STREET OR P.O. BOX: P.O. Box 2409  
OWNER CITY: Gulfport STATE: MS ZIP: 39505-2409  
OWNER PHONE # (INCLUDE AREA CODE): 228.868.8752

**PRIME CONTRACTOR INFORMATION**

PRIME CONTRACTOR CONTACT PERSON: \_\_\_\_\_  
PRIME CONTRACTOR COMPANY: \_\_\_\_\_  
PRIME CONTRACTOR STREET OR P.O. BOX: \_\_\_\_\_  
PRIME CONTRACTOR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PRIME CONTRACTOR PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

**PROJECT INFORMATION**

PROJECT NAME: South Woolmarket Water Reclamation Facility

TOTAL ACREAGE THAT WILL BE DISTURBED<sup>1</sup> (To be covered by the Large Construction General Permit the disturbed area must be five (5) acres or greater; or land disturbing activities that are part of a larger common plan of development or sale that will disturb five (5) acres or greater.) 35 Acres

IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT (Yes or No)? No  
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: \_\_\_\_\_  
AND PERMIT COVERAGE NUMBER: \_\_\_\_\_

DESCRIPTION OF CONSTRUCTION ACTIVITY: Facility to treat wastewater.

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (include standard industrial classification code (SIC) if known): Wastewater Treatment Plant  
SIC Code 4952 or NAICS Code 221320 SIC Code \_\_\_\_\_

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

CITY: Biloxi COUNTY: Harrison  
ZIP: 39532

LATITUDE : 30 degrees 27 minutes 22 seconds LONGITUDE: -89 degrees 0 minutes 5 seconds  
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): map interpolation  
NEAREST NAMED RECEIVING STREAM: Biloxi River

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? No

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): see SWP3

<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 THIS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? Yes

IF YES, CIRCLE WHICH ONE(S): AIR, HAZARDOUS WASTE, PRETREATMENT, WATER STATE OPERATING, INDIVIDUAL NPDES, OTHER:

Municipal NPDES

IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND (Yes or No)? Yes. (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).

IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION WITH THIS LCNOI 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 A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? No  
IF YES, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM THE MDEQ OFFICE OF LAND AND WATER, DAM SAFETY.

IF THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARK, OR LARGE APARTMENT COMPLEX, HOW WILL SANITARY SEWAGE BE DISPOSED? Circle one of the following and attach the pertinent documents.

1. Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form. If the plans and specifications can not be provided at the time of LCNOI submittal, the 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.
2. Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from the MDEQ or indicate the date the application was submitted to the MDEQ. Date: \_\_\_\_\_
3. 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.
4. 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 the MDEQ. A copy of the response from the 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 WITH WHICH THE PROJECT MUST COMPLY:

\_\_\_\_\_  
\_\_\_\_\_

**STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND  
USGS QUAD MAP REQUIREMENT**

**ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE MINIMUM COMPONENTS FOUND IN THE LARGE CONSTRUCTION STORM WATER GENERAL PERMIT.**

**INDICATE ANY ASSOCIATION OR GENERIC SWPPP (In addition, attach a site map with the appropriate erosion and sediment controls identified. For linear projects such as roads and pipelines provide drawings of typical controls).**


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**ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENDING AT LEAST 1/2 MILE BEYOND THE SITE'S PROPERTY BOUNDARY OUTLINING THE SITE LOCATION (Quad maps can be obtained from MDEQ Office of Geology at 601-961-5523.) IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUAD MAP (found in upper right hand corner of map).**

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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<sup>1</sup> (Must be signed by operator when different than owner)

10/23/08  
Date

Kamran Pahlavan, P.E.  
Printed Name<sup>1</sup>

Executive Director  
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;
- Duly Authorized Representative.

Please submit this LCNOI form to:

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

# PRIME CONTRACTOR CERTIFICATION

By completing and submitting this form to the 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) and (2) 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 several 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 OR P.O. BOX: \_\_\_\_\_

PRIME CONTRACTOR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## OWNER INFORMATION

OWNER CONTACT PERSON: Kamran Pahlavan, P.E. PHONE NUMBER: 228 ) 868.8752

OWNER COMPANY NAME: Harrison County Utility Authority

## PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER (Found on Certificate of Coverage):

**MSR10** \_\_\_\_\_

PROJECT NAME: South Woolmarket Water Reclamation Facility

DESCRIPTION OF CONSTRUCTION ACTIVITY: wastewater treatment plant

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

STREET: Shorecrest Dr

CITY: Biloxi COUNTY: Harrison

I certify that I am the prime contractor for this project and will comply with all the applicable 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<sup>1</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
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;
- Duly Authorized Representative.

This Prime Contractor 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 39225-2261