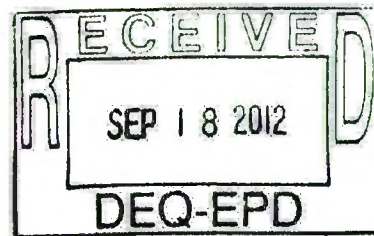


AI #3290  
GMP20120001



# LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 6253 (NUMBER TO BE ASSIGNED BY STATE)

## 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 several responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

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)

APPLICANT IS THE:  OWNER  PRIME CONTRACTOR (Must check one or both)

### OWNER INFORMATION

OWNER CONTACT PERSON: PAUL MULLINS  
OWNER COMPANY NAME: NAVFAC SOUTHEAST  
OWNER STREET OR P.O. BOX: 2401 UPPER NIXON AVENUE  
OWNER CITY: GULFPORT STATE: MS ZIP: 39501  
OWNER PHONE # (INCLUDE AREA CODE): 228-688-4715

### PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: WILLIAM DUNWOODY  
PRIME CONTRACTOR COMPANY: SATTERFIELD & PONTIKES CONSTRUCTION INC  
PRIME CONTRACTOR STREET OR P.O. BOX: 12807 WETMORE  
PRIME CONTRACTOR CITY: SAN ANTONIO STATE: TX ZIP: 78247  
PRIME CONTRACTOR PHONE # (INCLUDE AREA CODE): 210-572-4700



**PROJECT INFORMATION**

PROJECT NAME: BRANCH HEALTH CLINIC

TOTAL ACREAGE THAT WILL BE DISTURBED<sup>1</sup>: 8.12

IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?  YES  NO

IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: N/A

AND PERMIT COVERAGE NUMBER: N/A

DESCRIPTION OF CONSTRUCTION ACTIVITY: CONSTRUCT NEW BRANCH HEALTH CLINIC  
2 STORY 59,683 SF w/ PARKING LOTS / DEMO OLD CLINIC

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (include standard industrial classification code (SIC) if known):

BRANCH HEALTH CLINIC - MEDICAL OFFICE BUILDING

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: FIFTH STREET, MARVIN SHIELDS BLD, RODGERS AVE

CITY: NCBC GULFPORT COUNTY: HARRISON ZIP: \_\_\_\_\_

LATITUDE: 30 degrees 22 minutes 26 seconds LONGITUDE: 89 degrees 07 minutes 49 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GOOGLE EARTH 11/10/11

NEAREST NAMED RECEIVING STREAM: 250313 GULFPORT EAST BEACH

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](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

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): DENSE TO FIRM

SANDS + SILTY SANDS EXTENDING TO DEPTH OF 4'-6"

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

IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYACRYLAMIDE (PAM)  OTHER N/A

IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?  YES  NO

<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

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 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 WITH WHICH THE 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<sup>1</sup> (owner or prime contractor)

9/13/12  
Date Signed

BRAD SHEARES  
Printed Name<sup>1</sup>

Vice President  
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



# PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 \_\_\_\_\_ County Harrison  
(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 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: William Downard PHONE NUMBER: 202 572 4700  
PRIME CONTRACTOR COMPANY: SATTERFIELD & PARTNERS CONSTRUCTION, INC  
PRIME CONTRACTOR STREET (P.O. BOX): 12507 WETMORE  
PRIME CONTRACTOR CITY: SAW ARTOUR STATE: TX ZIP: 78247

### OWNER INFORMATION

OWNER CONTACT PERSON: Paul Mullins PHONE NUMBER: 228 688 4715  
OWNER COMPANY NAME: NAUPAC SOUTHEAST

### PROJECT INFORMATION

PROJECT NAME: BRANCH HEALTH CLINIC NBCG GULFPORT, MS  
DESCRIPTION OF CONSTRUCTION ACTIVITY: CONSTRUCT NEW BRANCH HEALTH CLINIC MEDICAL OFFICE BUILDING - DEMOLISH EXISTING MOB.  
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: FIFTH STREET, MARVIN STUBBS BLVD, ROBERTS AVE  
CITY: NBCG GULFPORT COUNTY: HARRISON

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: [Signature]  
Printed Name: BRAD SHEASER

Date Signed: 9/13/12  
Title: Vice President

- <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.

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