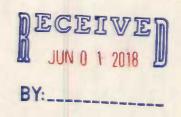
AT#13774 BAP20180002





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
- · 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)

APPLICANT IS THE: OWNER PRIME CONTRACTOR	
OWNER CONTACT INFORMATION	
OWNER CONTACT PERSON: Dann Smith	
OWNER COMPANY LEGAL NAME: Dann Smith	
OWNER STREET OR P.O. BOX: 3555 Concratta Rd	
OWNER CITY: Lake STATE: MS	ZIP: 39092
OWNER PHONE #: (601)-507-3975 OWNER EMAIL: beagleman 166	Cmallon
PRIME CONTRACTOR CONTACT INFORMATION	
PRIME CONTRACTOR CONTACT PERSON: Someth	
PRIME CONTRACTOR COMPANY LEGAL NAME: Samm Smith	
PRIME CONTRACTOR STREET OR P.O. BOX: 3555 Conchata Rd	
PRIME CONTRACTOR CITY: Lake STATE: M5	ZIP: 39092
PRIME CONTRACTOR PHONE #: (61)-507-37 PRIME CONTRACTOR EMAIL: 1000	de man 160 gmo
FACILITY SITE INFORMATION	
FACILITY SITE NAME: Farm Smill Tunner and Kang Smit	1 6
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named reindicate the beginning of the project and identify all counties the project traverses.)	oad. For linear projects
STREET: 1/36 Conchatta Rd	
CITY: Late STATE: MS COUNTY: SCOTT	ZIP: 39092
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE:degrees minutes seconds LONGITUDE:degrees minutes	
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):	seconds
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 7.3 acres	
IS THIS PART OF A LARCED COMMON BLANCE DEVICE DEVICE COMMON BLANCE DEVICE DEVIC	ES NO P
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10	NO E
ESTIMATED CONSTRUCTION PROJECT START DATE:	1-1-19 TYY-MM-100
ESTIMATED CONSTRUCTION PROJECT END DATE:	-30-19 YY-MM-DD
DESCRIPTION OF CONSTRUCTION ACTIVITY: Pallet Farm	Mill DD
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPI	LETED:
SIC Code NAICS Code	

NEAREST NAMED RECEIVING STREAM:	ted Void Creek	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIS BODIES? (The 303(d) list of impaired waters and TMDL st http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Max	T OF IMPAIRED WATER tream segments may be found on MDEQ's web site: imum Daily Load Section)	NOE
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIV		NOB
ARE THERE RECREATIONAL STREAMS, PRIVATE/P WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUN ACTIVITY?	UBLIC PONDS OR LAKES DRY THAT MAY BE IMPACTED BY THE CONS	NO TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear pro-		
WILL FLOCCULANTS BE USED TO TREAT TURBIDIT	Y IN STORM WATER? YES YES	NOE
IF YES, INDICATE THE TYPE OF FLOCCULANT.	ANIONIC POLYACRYLIMIDE (PAM)	7.00
IF YES, DOES THE SWPPP DESCRIBE THE METHOD O AND THE LOCATION OF WHERE FLOCCULATED MA	OF INTRODUCTION, THE LOCATION OF INTRO TERIAL WILL SETTLE? YES □	DDUCTION 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

HAZARDOUS WASTE PRETREATMENT WIDUAL NPDES OTHER: SING A WATER CONVEYANCE YES NO Exercise No Find Awater Conveyance Yes No Find No Notification to the Corps is required and Notification to the Corps is required DAM BEING PROPOSED? MDEQ Office of Land and Water, Dam Safety.) CIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE Pertinent documents. CIAL Days and specifications for the collection system and the water Projects" form or approval from County Utility Authority in its If the plans and specifications can not be provided at the time owledgement from official(s) responsible for wastewater
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nowledgement from official(s) responsible for wastewater m the proposed project can and will be transported and treated
d. Please attach a copy of the cover of the NPDES discharge on was submitted to MDEQ (Date:)
ubdivisions Less than 35 Lots. Please attach a copy of the Letter partment of Health or certification from a registered professiona al onsite wastewater disposal systems.
ubdivisions Greater than 35 Lots. A determination of the treatment system must be made by MDEQ. A copy of the must be attached. If a central collection and wastewater system of General Acceptance from the State Department of Health or hat the platted lots should support individual onsite wastewater
WITH WHICH THE PROJECT MUST COMPLY:
ŀ

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

Signature of Applicant¹ (owner or prime contractor)

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-fo-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: Tann Smith PHONE NUMBER: (605-87-3975 PRIME CONTRACTOR COMPANY: PRIME CONTRACTOR STREET (P.O. BOX): 3555 Conchatta Rd STATE: Ms ZIP: 39092 PRIME CONTRACTOR CITY: E-MAIL ADDRESS: OWNER CONTACT PERSON: Tann Smith PHONE NUMBER: (60)-507-3975 OWNER COMPANY NAME: Jan new and Kana PROJECT INFORMATION PROJECT NAME: Tanner and Kara Smith Farms DESCRIPTION OF CONSTRUCTION ACTIVITY: 3 Pallet Houses 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: 1136 Conchatta Rd 2 county: SCott 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. 5-29-17 Date Signed Prime Contractor Signature¹

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.

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