AI#73846 GnP20180001





MISSISSIPPI DEPARTMENT OF **ENVIRONMENTAL QUALITY** 

## 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 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)

| APPLICANT IS THE:   | NER PRIME CONTRACTOR                                      |                          |              |
|---|---|--------------------------|--------------|
| OWN   | ER CONTACT INFORMATION                                    |                          |              |
| OWNER CONTACT PERSON: Robert Da   | avis  |                          |              |
| OWNER COMPANY LEGAL NAME: Mille   | er Farms, LLC   |                          |              |
| OWNER STREET OR P.O. BOX: 190 MO  | tor Scooter Drive   |                          |              |
| A. I  |   | ZIP: 38                  | 8651         |
| OWNER PHONE #: (662 ) 429-7571  | STATE: MS OWNER EMAIL: rdavis8446@a                       | aol.com                  |              |
|   | TRACTOR CONTACT INFORMATIO                                |                          |              |
| PRIME CONTRACTOR CONTACT PERSO  |   | 1                        |              |
|   | L NAME:   |                          |              |
| PRIME CONTRACTOR STREET OR P.O. B   | BOX:  |                          |              |
| PRIME CONTRACTOR CITY:  | STATE:  | 710                      |              |
| PRIME CONTRACTOR PHONE #: ()_   | PRIME CONTRACTOR EMAIL:                                   | ZIF:                     |              |
|   | ILITY SITE INFORMATION                                    |                          |              |
| FACILITY SITE NAME: Hidden Grove  | ETT SITE INFORMATION                                      |                          |              |
| FACILITY SITE ADDRESS (If the physical adindicate the beginning of the project and identify a | dress is not available, please indicate the nearest n     | amed road. For lin       | ear projects |
| STREET. Located at the intersection of  | Byhalia Road and Byhalia Crook Forms Des                  | d West                   |              |
| SIAIE   | COUNTY: DeSoto  |                          | 38632        |
| FACILITY SITE TRIBAL LAND ID (N/A If n  | ot applicable). N/A                                       |                          |              |
| LATITUDE: 34 degrees 51 minutes 37 s  | econds LONGITUDE: 89 degrees 44 m                         | inutes 25 secon          | ds           |
| LAT & LONG DATA SOURCE (GPS (Please GPS   | S Project Entrance/Start Point) or Map Interpolation): GO | ogle Earth               |              |
| TOTAL ACREAGE THAT WILL BE DISTUR   |   |                          |              |
| IS THIS PART OF A LARGER COMMON PL  | AN OF DEVELOPMENT?  | YES□                     | NO Z         |
| IF YES, NAME OF LARGER COMMON PLA<br>AND PERMIT COVERAGE NUMBER:                              | N OF DEVELOPMENT:<br>MSR10                                |                          | NO EZ        |
| ESTIMATED CONSTRUCTION PROJECT START DATE:  |   | 2018-05-20               |              |
| ESTIMATED CONSTRUCTION PROJECT END DATE:  |   | YYYY-MM-DD               |              |
|   |   | 2019-05-20<br>YYYY-MM-DD |              |
| DESCRIPTION OF CONSTRUCTION ACTIV   | TTY: Residential Use                                      | עומ-ואוואו               |              |
| PROPOSED DESCRIPTION OF PROPERTY Residential  | USE AFTER CONSTRUCTION HAS BEEN C                         | COMPLETED:               |              |
| SIC Code NAICS Code   |   |                          |              |

| NEAREST NAMED RECEIVING STREAM:  |  |                          |                   |
|--|--|--------------------------|-------------------|
| IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIS BODIES? (The 303(d) list of impaired waters and TMDL: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Mas | stroom coamonts mar b. f 1                         | YES□<br>IDEQ's web site: | NO                |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEI  | VING STREAM SEGMENT?                               | YES                      | NO                |
| ARE THERE RECREATIONAL STREAMS, PRIVATE/WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNACTIVITY?  | PUBLIC PONDS OR LAKES<br>NDRY THAT MAY BE IMPACTEI | YES□<br>O BY THE CONS    | NO □<br>STRUCTION |
| EXISTING DATA DESCRIBING THE SOIL (for linear pavailable within the SWPPP  | rojects please describe in SWPPP):                 |                          |                   |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDI  | TY IN STORM WATER?                                 | YES                      | NOZ               |
| IF YES, INDICATE THE TYPE OF FLOCCULANT.   | ANIONIC POLYACRYL OTHER                            | IMIDE (PAM)              |                   |
| IF YES, DOES THE SWPPP DESCRIBE THE METHOD AND THE LOCATION OF WHERE FLOCCULATED M   | OF INTRODUCTION, THE LOCA<br>ATERIAL WILL SETTLE?  | TION OF INTR<br>YES      | ODUCTION<br>NO [  |

<sup>&</sup>lt;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   | PRETREATM                                      | MENT                           |
| ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES  | OTHER:   |                                |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC<br>OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch f  | CE YES  for permitting requir                  | NO 🗆 rements.)                 |
| IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PR DOCUMENTATION THAT:  | ROVIDE APPROPR                                 | IATE                           |
| The project has been approved by individual permit, or  |  |                                |
| <ul> <li>The work will be covered by a nationwide permit and NO NOTIFICATION to the O</li> </ul>  | Corps is required, or                          | ŕ                              |
| <ul> <li>The work will be covered by a nationwide or general permit and NOTIFICATION</li> </ul>   | to the Corps is requi                          | ired                           |
| IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Wa   | YES  ater, Dam Safety.)                        | NO 🗹                           |
| IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.  | W WILL SANITARY                                | SEWAGE                         |
| Existing Municipal or Commercial System. Please attach plans and specifications for associated "Information Regarding Proposed Wastewater Projects" form or approx Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) recollection and treatment that the flows generated from the proposed project can and properly. The letter must include the estimated flow. | val from County Utility ons can not be provide | y Authority in ded at the time |
| Collection and Treatment System will be Constructed. Please attach a copy of the copermit from MDEQ or indicate the date the application was submitted to MDEQ (D   | over of the NPDES d                            | ischarge                       |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. of General Acceptance from the Mississippi State Department of Health or certificatengineer that the platted lots should support individual onsite wastewater disposal systems.   | Please attach a copy                           | C-13 - 7                       |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lo feasibility of installing a central sewage collection and treatment system must be made response from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should supply disposal systems.                        | de by MDEQ. A cop I collection and wast        | y of the<br>ewater system      |
| INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJEC  | CT MUST COMPL                                  | Υ:                             |
|   |  |                                |
|   |  |                                |

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 (owner or prime contractor)

<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

For a partnership, by a general partner.

officer, mayor, or ranking elected official.

For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by principal executive

(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: OWNER INFORMATION OWNER CONTACT PERSON: \_\_\_\_\_\_PHONE NUMBER: (\_\_\_) OWNER COMPANY NAME: PROJECT INFORMATION PROJECT NAME: DESCRIPTION OF CONSTRUCTION ACTIVITY: 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.) 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<sup>1</sup> Date Signed Printed Name<sup>1</sup> Title This application shall be signed as follows: This Prime Contractors Certification form shall be submitted to: For a corporation, by a responsible corporate officer.

Chief, Environmental Permits Division

P.O. Box 2261

Jackson, Mississippi 39225

MS Department of Environmental Quality, Office of Pollution Control

Revised: 10/25/16