



APPLICANT IS THE:									
OWNER CONTACT INFORMATION									
OWNER CONTACT PERSON: Joseph W Hayles									
OWNER COMPANY LEGAL NAME: JWH Real Estate LLC									
OWNER STREET OR P.O. BOX: 158 caroline pointe blvd									
OWNER CITY: MS STATE: MS ZIP: 39110									
OWNER CITY: Madison STATE: MS ZIP: 39110 OWNER PHONE #: (601) 5941085 OWNER EMAIL: joey@haylestowing.com									
PRIME CONTRACTOR CONTACT INFORMATION									
PRIME CONTRACTOR CONTACT PERSON: Joseph W hayles									
PRIME CONTRACTOR COMPANY LEGAL NAME:									
PRIME CONTRACTOR STREET OR P.O. BOX:									
PRIME CONTRACTOR CITY:STATE:STP:									
PRIME CONTRACTOR PHONE #: (PRIME CONTRACTOR EMAIL:									
FACILITY SITE INFORMATION									
FACILITY SITE NAME: Elton Rd Parking Lot									
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)									
STREET: Elton Rd									
STREET: Elton Rd CITY: Jackson STATE: MS COUNTY: Hinds ZIP: 39212 FACILITY SITE TRIBAL LAND ID (N/A 15 pot applicable) N/A									
1 of the Fitting Date of the Control									
LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds									
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):									
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 25.5									
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES□ NO ☑									
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10									
ESTIMATED CONSTRUCTION PROJECT START DATE: 2019-09-01									
ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-09-01									
YYYY-MM-DD									
DESCRIPTION OF CONSTRUCTION ACTIVITY: Will clean up the small under brush and small tree so the land can be fill with fill dirt									
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Land will be use for a parking lot									
SIC Code NAICS Code									

NEAREST NAMED RECEIVING STREAM: Caney Creek									
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□	NO☑							
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☑ TRUCTION							
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):									
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY 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 OF INTRODUCTION, THE LOCA AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	TION OF INTRO 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

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19 L	LNOI FOR A FACILITY TE	1AI WILL K	EQUIRE (THER PERMITS?		YES 🗹	NO □		
IF Y	ES, CHECK ALL THAT AP	PLY: A	IR C	HAZARDOUS WAST	E 🗆	PRETREATMEN	Т		
	□ WATER STATE OPE	RATING		VIDUAL NPDES		OTHER: COE			
IS TI OF A	HE PROJECT REROUTING NY KIND? (If yes, contact t	G, FILLING O	R CROSS Corps of 1	ING A WATER CONVI Engineers' Regulatory B	EYANCE ranch for po	YES □ ermitting requireme	NO ☑ ents.)		
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:									
•	The project has been appro-	ved by individ	lual permi	t, 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	y a nationwide	or genera	l permit and NOTIFICA	TION to th	e Corps is required			
IS A (If ye	LAKE REQUIRING THE C s, provide appropriate appro	ONSTRUCTI	ON OF A ation from	DAM BEING PROPOS MDEQ Office of Land	ED? and Water,	YES Dam Safety.)	NO 🗹		
IF TH BE D	IE PROJECT IS A SUBDIV ISPOSED? Check one of the	ISION OR A following and	COMMER attach the	RCIAL DEVELOPMEN pertinent documents.	r, how w	ILL SANITARY SE	WAGE		
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 Sypermit from MDEQ or indic	ystem will be cate the date t	Constructe he applica	ed. Please attach a copy of tion was submitted to M	of the cover DEQ (Date:	of the NPDES disch	arge)		
	Individual Onsite Wastewate feasibility of installing a cent response from MDEQ conce is not feasible, then please at certification from a registered disposal systems.	tral sewage co erning the feas ttach a copy of	llection an ibility stud f the Letter	d treatment system mus ly must be attached. If a r of General Acceptance	t be made by central coli from the St	y MDEQ. A copy of ection and wastewa	the ter system		
INDI	CATE ANY LOCAL STORM	1 WATER OF	RDINANC	E WITH WHICH THE	PROJECT I	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 (owner or prime contractor)

2019-08-06

Date Signed

Joseph W. Hayles

Printed Name¹

Member

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

