

June 3, 2020

Florence Bass Manager, 401/Stormwater Branch Environmental Permits Division Mississippi Department of Environmental Quality P.O. Box 10385 Jackson, MS 39289-0385

RE: City of Pearl Parks and Recreation Phase 2: City Park Improvements

Pearl, Rankin County, MS

Dear Florence:

We are submitting for your review a Large Construction Notice of Intent (LCNOI) for coverage under Mississippi's Construction Storm Water General Permit.

Included with the LCNOI are the required Quad-Aerial Maps, Storm Water Pollution Prevention, Soils Map, and Erosion Control Plan and Details for the project. Also included is a copy of the Nationwide Permit Pre-Construction Notification (PCN) form that was submitted to the US Army Corps of Engineers.

We are requesting the expediting of this submittal due to the approaching construction start date. Please contact me with any questions you may have.

Sincerely,

PICKERING FIRM, INC.

Jonathan A. Johnson

Jonathan Johnson, PE

Principal



# 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. Eoverage 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)

| MSR10                           |   |
|---------------------------------|---|
| (NUMBER TO BE ASSIGNED BY STATE | 1 |

| APPLICANT IS THE:                                                                                                                                                                            |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| OWNER CONTACT INFORMATION                                                                                                                                                                    |            |  |
| OWNER CONTACT PERSON:                                                                                                                                                                        |            |  |
| OWNER COMPANY LEGAL NAME:                                                                                                                                                                    |            |  |
| OWNER STREET OR P.O. BOX:                                                                                                                                                                    |            |  |
| OWNER CITY:STATE:                                                                                                                                                                            |            |  |
| OWNER PHONE #: ( OWNER EMAIL:                                                                                                                                                                |            |  |
| PRIME CONTRACTOR CONTACT INFORMATION                                                                                                                                                         |            |  |
| PRIME CONTRACTOR CONTACT PERSON:                                                                                                                                                             |            |  |
| PRIME CONTRACTOR COMPANY LEGAL NAME:                                                                                                                                                         |            |  |
| PRIME CONTRACTOR STREET OR P.O. BOX:                                                                                                                                                         |            |  |
| PRIME CONTRACTOR CITY: STATE:                                                                                                                                                                |            |  |
| PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR EMAIL:_                                                                                                                                        |            |  |
| FACILITY SITE INFORMATION                                                                                                                                                                    |            |  |
| FACILITY SITE NAME:                                                                                                                                                                          |            |  |
| <b>FACILITY SITE ADDRESS</b> (If the physical address is not available, please indicate the nearest rindicate the beginning of the project and identify all counties the project traverses.) |            |  |
| STREET: STATE: COUNTY:                                                                                                                                                                       |            |  |
|                                                                                                                                                                                              |            |  |
| FACILITY SITE TRIBAL LAND ID (N/A If not applicable):                                                                                                                                        |            |  |
| LATITUDE: degrees minutes seconds                                                                                                                                                            |            |  |
| LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):                                                                                                 |            |  |
| TOTAL ACREAGE THAT WILL BE DISTURBED 1:                                                                                                                                                      |            |  |
| IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?                                                                                                                                         | YES 🗆      |  |
| IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  AND PERMIT COVERAGE NUMBER: MSR10                                                                                                        |            |  |
| ESTIMATED CONSTRUCTION PROJECT START DATE:                                                                                                                                                   | YYYY-MM-DD |  |
| ESTIMATED CONSTRUCTION PROJECT END DATE:                                                                                                                                                     | YYYY-MM-DD |  |
| DESCRIPTION OF CONSTRUCTION ACTIVITY:                                                                                                                                                        |            |  |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN                                                                                                                             |            |  |
|                                                                                                                                                                                              |            |  |

| NEAREST NAMED RECEIVING STREAM:                                                                                                                                                                                                          |                         |                   |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--|--|--|--|
| 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□<br>DEQ's web site: | NO□               |  |  |  |  |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?                                                                                                                                                                            | YES□                    | $_{ m NO}\square$ |  |  |  |  |
| ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?                                                                                                 | YES□<br>BY THE CONS     | NO□<br>TRUCTION   |  |  |  |  |
| EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):                                                                                                                                                        |                         |                   |  |  |  |  |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?                                                                                                                                                                              | YES□                    | NO□               |  |  |  |  |
| IF YES, INDICATE THE TYPE OF FLOCCULANT.  □ ANIONIC POLYACRYL □ OTHER                                                                                                                                                                    | IMIDE (PAM)             |                   |  |  |  |  |
| IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?                                                                                                                      | ATION OF INTRO<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 LO                                                                                                                                                             | CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMIT                                                                                                                                                                                                                                                                                                                                                  | S?                                                                 | YES □                                                          | NO □                                  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|--|--|--|
| IF YI                                                                                                                                                             | ES, CHECK ALL THAT APPLY: $\Box$ AIR $\Box$ HAZARDOUS                                                                                                                                                                                                                                                                                                                                               | WASTE                                                              | PRETREATME                                                     | NT                                    |  |  |  |
|                                                                                                                                                                   | □ WATER STATE OPERATING □ INDIVIDUAL NPDES                                                                                                                                                                                                                                                                                                                                                          |                                                                    | OTHER:                                                         |                                       |  |  |  |
|                                                                                                                                                                   | HE PROJECT REROUTING, FILLING OR CROSSING A WATER ONLY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regula                                                                                                                                                                                                                                                                              |                                                                    | YES □<br>rmitting requiren                                     | NO □<br>nents.)                       |  |  |  |
| 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 NOTIFICA                                                                                                                                                                                                                                                                                                                                     | ATION to the Corps                                                 | s is required, or                                              |                                       |  |  |  |
| 0                                                                                                                                                                 | • The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required                                                                                                                                                                                                                                                                                              |                                                                    |                                                                |                                       |  |  |  |
| IS A<br>(If ye                                                                                                                                                    | LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PRes, provide appropriate approval documentation from MDEQ Office of                                                                                                                                                                                                                                                                                 | OPOSED?<br>Land and Water, I                                       | YES □<br>Dam Safety.)                                          | 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 associated "Information Regarding Proposed Wastewater Projects" Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans of LCNOI submittal, MDEQ will accept written acknowledgement fr collection and treatment that the flows generated from the proposed properly. The letter must include the estimated flow. | form or approval from and specifications can official(s) respon    | om County Utility A<br>an not be provide<br>nsible for wastewa | Authority in d at the time ater       |  |  |  |
|                                                                                                                                                                   | Collection and Treatment System will be Constructed. Please attach a permit from MDEQ or indicate the date the application was submitted                                                                                                                                                                                                                                                            | a copy of the cover of to MDEQ (Date:                              | of the NPDES disc                                              | charge<br>)                           |  |  |  |
|                                                                                                                                                                   | ☐ 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 Grefeasibility of installing a central sewage collection and treatment system response from MDEQ concerning the feasibility study must be attach is not feasible, then please attach a copy of the Letter of General Accertification from a registered professional engineer that the platted disposal systems.                      | em must be made by<br>ed. If a central coll<br>eptance from the St | y MDEQ. A copy<br>ection and wastev<br>ate Department of       | of the<br>vater system<br>f Health or |  |  |  |
| 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)

6/3/2020

**Date Signed** 

Jake Windham

Printed Name<sup>1</sup>

Mayor, City of Pearl, MS

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