

AI #78058  
GNP20200001

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MSR108 287

BY: \_\_\_\_\_ (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:  OWNER  PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Ricky Keyes  
OWNER COMPANY LEGAL NAME: FHNC Property, LLC  
OWNER STREET OR P.O. BOX: 13 Northtown Drive, Suite 220  
OWNER CITY: Jackson STATE: MS ZIP: 39211  
OWNER PHONE #: (601) 942-0967 OWNER EMAIL: rkeyes@hsinc.net

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Jason McCutcheon  
PRIME CONTRACTOR COMPANY LEGAL NAME: Thrash Commercial Contractors, Inc.  
PRIME CONTRACTOR STREET OR P.O. BOX: 211 Commerce Drive  
PRIME CONTRACTOR CITY: Brandon STATE: MS ZIP: 39042  
PRIME CONTRACTOR PHONE #: (601) 825-8967 PRIME CONTRACTOR EMAIL: jmccutcheon@thrashco.com

FACILITY SITE INFORMATION

FACILITY SITE NAME: Parkway Health and Rehab  
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: 230 River Oaks Drive  
CITY: Canton STATE: MS COUNTY: Madison ZIP: 39046  
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  
LATITUDE: 32 degrees 34 minutes 59 seconds LONGITUDE: 90 degrees 05 minutes 17 seconds  
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Maps  
TOTAL ACREAGE THAT WILL BE DISTURBED !: 15  
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: 2020-9-30  
YYYY-MM-DD  
ESTIMATED CONSTRUCTION PROJECT END DATE: 2021-8-30  
YYYY-MM-DD  
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of new nursing home and laundry facility  
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:  
Nursing Home and Laundry Facility  
SIC Code \_\_\_\_\_ NAICS Code \_\_\_\_\_

Handwritten initials in red ink.

NEAREST NAMED RECEIVING STREAM: Panther 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 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):

Existing soil conditions consists of silty clays (CL) and clays (CH) underlain by weathered Yazoo clays (CH) per the geotechnical report dated August 22, 2019 by Burns Cooley Dennis, INC.

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

IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYACRYLAMIDE (PAM)  OTHER \_\_\_\_\_

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:**

N/A

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.

*Matt Mc Williams*

Signature of Applicant<sup>1</sup> (owner or prime contractor)

*09/09/2020*

Date Signed

*MATT MCWILLIAMS*

Printed Name<sup>1</sup>

*SECRETARY*

Title

*THRASH COMMERCIAL CONTRACTORS, INC.*

<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 \_\_\_\_\_  
(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: Jason McCutcheon PHONE NUMBER: (240) 256-5956  
PRIME CONTRACTOR COMPANY: Thrash Commercial Contractors, Inc.  
PRIME CONTRACTOR STREET (P.O. BOX): 211 Commerce Drive  
PRIME CONTRACTOR CITY: Brandon STATE: MS ZIP: 39042  
E-MAIL ADDRESS: jmccutcheon@thrashco.com

### OWNER INFORMATION

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### PROJECT INFORMATION

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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: 230 River Oaks drive  
CITY: Canton COUNTY: Madison

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.

Matt McWilliams  
Prime Contractor Signature<sup>1</sup>  
MATT MCWILLIAMS  
Printed Name<sup>1</sup>

09/09/2020  
Date Signed  
SECRETARY  
Title

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- 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