## MSR10 8 485

(NUMBER TO BE ASSIGNED BY STATE)

| APPLICANT IS THE:  | TOR                      |      |  |  |  |  |
|--|--------------------------|------|--|--|--|--|
| OWNER CONTACT INFORMATION  | ON                       |      |  |  |  |  |
| OWNER CONTACT PERSON: John C. Taylor   |                          |      |  |  |  |  |
| OWNER CONTACT TERSON:  |                          |      |  |  |  |  |
| OWNER COMPANY LEGAL NAME: Mississippi Dept. Of Transportation  OWNER STREET OR P.O. BOX: P.O.Box. 1850                       |                          |      |  |  |  |  |
| OWNER CITY: Jackson STATE, MS  | zm. 39215                | 5    |  |  |  |  |
| OWNER CITY: Jackson STATE: Ms ZIP: 39215  OWNER PHONE #: (601) 359-7250 OWNER EMAIL: JTaylor@mdot.ms.gov                     |                          |      |  |  |  |  |
| OWNER PHONE #: ( OWNER EMAIL:  | G                        |      |  |  |  |  |
| PRIME CONTRACTOR CONTACT INFOR   | RMATION                  |      |  |  |  |  |
| PRIME CONTRACTOR CONTACT PERSON:   |                          |      |  |  |  |  |
| PRIME CONTRACTOR COMPANY LEGAL NAME:   |                          |      |  |  |  |  |
| PRIME CONTRACTOR STREET OR P.O. BOX:   |                          |      |  |  |  |  |
| PRIME CONTRACTOR CITY: STATE:  | ZIP:                     |      |  |  |  |  |
| PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR  |                          |      |  |  |  |  |
|  |                          |      |  |  |  |  |
| FACILITY SITE INFORMATION  | <b>V</b>                 |      |  |  |  |  |
| FACILITY SITE NAME: MDOT Panola 106967/301000  |                          |      |  |  |  |  |
| 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: SR 310 CITY: Como STATE: MS COUNTY: Pa   | anola ZIP: 386           | 619  |  |  |  |  |
| FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  |                          | -    |  |  |  |  |
| LATITUDE: 34 degrees 30 minutes 35 seconds LONGITUDE: 89 degrees 53 minutes 17 seconds                                       |                          |      |  |  |  |  |
| LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Inter   |                          |      |  |  |  |  |
| TOTAL ACREAGE THAT WILL BE DISTURBED 1: 26 AC  |                          |      |  |  |  |  |
| IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?   | YES□                     | NO 🛛 |  |  |  |  |
|  | i es 🗆                   | NO Z |  |  |  |  |
| IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  AND PERMIT COVERAGE NUMBER: MSR10  |                          |      |  |  |  |  |
| ESTIMATED CONSTRUCTION PROJECT START DATE:   | 2021-11-17               |      |  |  |  |  |
| FOTHMATER CONCERNICATION AND ADOLDED BATE  | YYYY-MM-DD<br>2023-11-17 |      |  |  |  |  |
| ESTIMATED CONSTRUCTION PROJECT END DATE:   | YYYY-MM-DD               |      |  |  |  |  |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: Bridge Replacement   |                          |      |  |  |  |  |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Highway Use                                      |                          |      |  |  |  |  |
| SIC Code 1 6 1 1 NAICS Code 2 3 7 3 1 0  |                          |      |  |  |  |  |

| VAI<br>VAI   |  |  |  |  |
|--|--|--|--|--|
| IE A   |  |  |  |  |
| TIM  |  |  |  |  |
| ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES  WITHIN WILL DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION  WILL SWEM, CL., SC-SM, SP-SM, SM  ML, SWEM, CL., SWEM, CL., SWEM, SWE |  |  |  |  |
| SVH  |  |  |  |  |
| pttb:<br>BOI<br>IS B<br>NEV  |  |  |  |  |
|  |  |  |  |  |

<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 LC  | NOI FOR A FACILITY THAT WILL REQUIRE OTHER F  | ERMITS?              | yes □                      | NO 🗹 |  |
|--|---|----------------------|----------------------------|------|--|
|  |   |                      | _                          |      |  |
| IF YE  | ES, CHECK ALL THAT APPLY: 🗆 AIR 🗀 HAZA  | RDOUS WASTE          | □ PRETREATMEN              | Γ    |  |
|  | □ WATER STATE OPERATING □ INDIVIDUAL  | NPDES                | OTHER:                     |      |  |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE  YES NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)   |   |                      |                            |      |  |
|  | IE PROJECT REQUIRES A CORPS OF ENGINEER SECT<br>UMENTATION THAT:  |                      |                            | _    |  |
| •  | The project has been approved by individual permit, or  | Corps intent to ap   | prove Nationwide 3<br>led. | 3    |  |
| •  | The work will be covered by a nationwide permit and NO No   | OTIFICATION to the C | Corps is required, or      | _    |  |
| •  | The work will be covered by a nationwide or general permit  | and NOTIFICATION (   | o 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.)  |   |                      |                            |      |  |
| 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.                                     |   |                      |                            |      |  |
| INDI   | CATE ANY LOCAL STORM WATER ORDINANCE WITH   | WHICH THE PROJE      | CT 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.

| WIND  | 7/14/21                                    |  |  |
|---|--|--|--|
| Signature of Applicant <sup>1</sup> (owner or prime contractor) | Date Signed                                |  |  |
| Scot Ehrgott  | Assistant Chief Engineer - Preconstruction |  |  |
| Printed Name <sup>1</sup>                                       | 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