MSR10		

(NUMBER TO BE ASSIGNED BY STATE)

OWNER CONTACT PERSON: Clark or David Calc	cote		
OWNER COMPANY LEGAL NAME: Farmbelt Equ	ipment, Inc.		
OWNER STREET OR P.O. BOX: 87 Highway 84 E			
OWNER CITY: Brookhaven	STATE: MS	ZIP: 39601	
OWNER PHONE #: (601) 833-3501	WNER EMAIL: farmbelt@f	farmbeltinc.com	
PRIME CONTRACTO	R CONTACT INFORMAT	TION	
PRIME CONTRACTOR CONTACT PERSON: Jessie	e Neal		Ī
PRIME CONTRACTOR COMPANY LEGAL NAME: (LP	
PRIME CONTRACTOR STREET OR P.O. BOX: 681	Denton Trail NW		
PRIME CONTRACTOR CITY: Brookhaven	STATE: MS "	ZIP: 39601	
PRIME CONTRACTOR PHONE #: (601) 833-0975	PRIME CONTRACTOR EMA	_{IL:} gds@greenbriar-dslp	
FACILITY SI	ITE INFORMATION		
FACILITY SITE NAME: Farmbelt Equipment, Inc.			
FACILITY SITE ADDRESS (If the physical address is not indicate the beginning of the project and identify all counties	t available, please indicate the nea s the project traverses.)	rest named road. For linear pr	rojects
STREET: 87 Highway 84 E			
CITY: Brookhaven STATE: MS		ZIP: <u>3960</u>	1
FACILITY SITE TRIBAL LAND ID (N/A If not applica			
LATITUDE: 31 degrees 32 minutes 50 seconds			
LAT & LONG DATA SOURCE (GPS (Please GPS Project Ent	trance/Start Point) or Map Interpolation	Google Earth	
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 9	0.25 acres		
IS THIS PART OF A LARGER COMMON PLAN OF D	DEVELOPMENT?	YES 🗆	NO 🛮
IF YES, NAME OF LARGER COMMON PLAN OF DE AND PERMIT COVERAGE NUMBER: MSR10_			
ESTIMATED CONSTRUCTION PROJECT START DATE:		2021-11-01	
	DATE:	YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE		2022-11-01 YYYY-MM-DD	
		And the part of the second seconds.	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Le	eveling Area Parking and Drain	nage Improvements	
PROPOSED DESCRIPTION OF PROPERTY USE AFT Stone Parking Lot for Tractors and Equiment			

 \square OWNER \square PRIME CONTRACTOR

OWNER CONTACT INFORMATION

APPLICANT IS THE:

NEAREST NAMED RECEIVING STREAM: Bogue Chitto River	and the second s	······································
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 Whttp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ IDEQ'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 1/2 MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES□ D BY THE CONS	NO□ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): Sitt Loam		
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 LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION 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

IS LCNOI FOR A FACILITY THAT WILL REQU	1338' @3'5'3880'83 33E'3733 # 2'E'2'3'47			
15 ECNOMFOR A FACILITY THAT WILL REQU.	IRE OTHER PERMITS:	YES 🗆 NO	o 🗷	
IF YES, CHECK ALL THAT APPLY: \Box AIR	□ HAZARDOUS WASTE	□ PRETREATMENT		
\square WATER STATE OPERATING \square	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.)				
IF THE PROJECT REQUIRES A CORPS OF ENG DOCUMENTATION THAT:	FINEER SECTION 404 PERMIT, PRO	OVIDE APPROPRIATE		
 The project has been approved by individual p 	permit, or			
The work will be covered by a nationwide per	mit and NO NOTIFICATION to the C	orps is required, or		
The work will be covered by a nationwide or g	general permit and NOTIFICATION t	o the Corps is required		
IS A LAKE REQUIRING THE CONSTRUCTION (If yes, provide appropriate approval documentation	OF A DAM BEING PROPOSED? a from MDEQ Office of Land and Wa		o 🗹	
IF THE PROJECT IS A SUBDIVISION OR A COMBE DISPOSED? Check one of the following and atta	MERCIAL DEVELOPMENT, HOW ich the pertinent documents.	WILL SANITARY SEWA	GE	
Existing Municipal or Commercial System. Plassociated "Information Regarding Proposed Hancock, Harrison, Jackson, Pearl River and Stone of LCNOI submittal, MDEQ will accept writte collection and treatment that the flows general properly. The letter must include the estimate	Wastewater Projects" form or approve Counties. If the plans and specification and acknowledgement from official(s) reted from the proposed project can and	al from County Utility Author ons can not be provided at the esponsible for wastewater	ity in ie time	
Collection and Treatment System will be Conspermit from MDEQ or indicate the date the approximation.	structed. Please attach a copy of the copplication was submitted to MDEQ (D	ver of the NPDES discharge ate:)	
☐ Individual Onsite Wastewater Disposal System of General Acceptance from the Mississippi St engineer that the platted lots should support in	ate Department of Health or certificat	ion from a registered profes	.etter ssional	
☐ Individual Onsite Wastewater Disposal System feasibility of installing a central sewage collect response from MDEQ concerning the feasibilities not feasible, then please attach a copy of the certification from a registered professional englishosal systems.	ion and treatment system must be ma ty study must be attached. If a centra Letter of General Acceptance from th	le by MDEQ. A copy of the collection and wastewater see State Department of Healt	system th or	
INDICATE ANY LOCAL STORM WATER ORDIN	NANCE WITH WHICH THE PROJE	CT MUST COMPLY:		
City of Brookhaven (Plans have been approved by City)				

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 Applicant¹ (owner or prime contractor)

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, Mississippl 39225