AI: 83878

Coverage #: MSR109062



Rec'd via email: 08/14/2023

# 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. Coverage 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
- Antidegradation report for disturbance within Waters of the State

ALL OUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)



(NUMBER TO BE ASSIGNED BY STATE)

OWNER CONTACT PERSON: OWNER COMPANY LEGAL NAME: OWNER STREET OR P.O. BOX: OWNER CITY: STATE: OWNER PHONE #: (	APPLICANT IS THE:	□ OWNER □	PRIME CONT	RACTOR			
OWNER COMPANY LEGAL NAME: OWNER STREET OR P.O. BOX: OWNER CITY: STATE: OWNER PHONE #: (	OWNER CONTACT INFORMATION						
OWNER STREET OR P.O. BOX:  OWNER CITY:	OWNER CONTACT PERSON:						
OWNER CITY: STATE: ZIP: OWNER PHONE #: () OWNER EMAIL:  PREPARER CONTACT INFORMATION  IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT CONTACT PERSON: COMPANY LEGAL NAME: STREET OR P.O. BOX: CITY: STATE: ZIP: PHONE #( ) EMAIL:  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR CONTACT STREET OR P.O. BOX: PRIME CONTRACTOR CITY: STATE: ZIP: PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR EMAIL:  FACILITY SITE INFORMATION  FACILITY SITE NAME:  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET: CITY: STATE: COUNTY: ZIP: FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds	OWNER COMPANY LEGAL N	AME:					
OWNER PHONE #: (	OWNER STREET OR P.O. BO	<b>Κ</b> :					
PREPARER CONTACT INFORMATION  IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT  CONTACT PERSON:  COMPANY LEGAL NAME:  STREET OR P.O. BOX:  CITY:  STATE:  STATE:  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON:  PRIME CONTRACTOR COMPANY LEGAL NAME:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR FIRET OR P.O. BOX:  PRIME CONTRACTOR FIRET OR P.O. BOX:  FACILITY SITE INFORMATION  FACILITY SITE INFORMATION  FACILITY SITE NAME:  FACILITY SITE NAME:  STREET:  CITY:  STATE:  COUNTY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds	OWNER CITY:		STATE:		ZIP:		
IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT  CONTACT PERSON:  COMPANY LEGAL NAME:  STREET OR P.O. BOX:  CITY:  STATE:  PHONE#( )  EMAIL:  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:  STATE:  TACILITY SITE INFORMATION  FACILITY SITE INFORMATION  FACILITY SITE NAME:  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds	OWNER PHONE #: ()_		OWNER EMAIL: _				
COMPANY LEGAL NAME:  STREET OR P.O. BOX:  CITY:STATE:ZIP:PHONE #()  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON:  PRIME CONTRACTOR COMPANY LEGAL NAME:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:STATE:ZIP:PRIME CONTRACTOR CITY:PRIME CONTRACTOR EMAIL:							
COMPANY LEGAL NAME:  STREET OR P.O. BOX:  CITY:							
STREET OR P.O. BOX:  CITY: STATE: ZIP: PHONE # (	CONTACT PERSON:						
CITY:	COMPANY LEGAL NAME:						
PHONE # ( ) EMAIL:  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON:  PRIME CONTRACTOR COMPANY LEGAL NAME:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:  PRIME CONTRACTOR PHONE #: (	STREET OR P.O. BOX:						
PRIME CONTRACTOR CONTACT INFORMATION  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 EMAIL:  FACILITY SITE INFORMATION  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds  LONGITUDE:  degrees  minutes  seconds	CITY:	STA	ATE:		_ ZIP:		
PRIME CONTRACTOR COMPANY LEGAL NAME:  PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:  STATE:  ZIP:  PRIME CONTRACTOR PHONE #: (	PHONE # ( )		EMAIL:				
PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:  PRIME CONTRACTOR CITY:  PRIME CONTRACTOR PHONE #: (	PRIME CONTRACTOR CO	ONTACT INFORM	IATION				
PRIME CONTRACTOR STREET OR P.O. BOX:  PRIME CONTRACTOR CITY:  PRIME CONTRACTOR CITY:  PRIME CONTRACTOR PHONE #: (	PRIME CONTRACTOR CONT	ACT PERSON:					
PRIME CONTRACTOR CITY:							
FACILITY SITE INFORMATION  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds	PRIME CONTRACTOR STRE	ET OR P.O. BOX:					
FACILITY SITE INFORMATION  FACILITY SITE NAME:  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds  LONGITUDE:  degrees  minutes  seconds	PRIME CONTRACTOR CITY:		STATE	:	ZIP:		
FACILITY SITE NAME:  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds  LONGITUDE:  degrees  minutes  seconds	PRIME CONTRACTOR PHON	E #: ()	PRIME CONTRA	CTOR EMAIL:_			
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds  LONGITUDE:  degrees  minutes  seconds	FACILITY SITE INFORMATION						
indicate the beginning of the project and identify all counties the project traverses.)  STREET:  CITY:  STATE:  COUNTY:  ZIP:  FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE:  degrees  minutes  seconds  LONGITUDE:  degrees  minutes  seconds	FACILITY SITE NAME:						
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds	indicate the beginning of the proje	ct and identify all countie	es the project traverse	es.)	1 0		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds	STREET:	STATE:	COLIN		71D.		
LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds	EACH ITY CITE TOIDAL LAN	DID (N/A If not applie	COON	11	ZII		
LATELONC DATA COUDCE (one of the country of the same transfer of the sam		<del></del>			<del></del>		
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):							
TOTAL ACREAGE THAT WILL BE DISTURBED 1:	TOTAL ACREAGE THAT WII	T RE DISTORRED .:					

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:		
ESTIMINIED CONSTRUCTION I ROULET STIMI DIVIE.	YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE:	YYYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY.		
DESCRIPTION OF CONSTRUCTION ACTIVITY:		
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN CO	OMPLETED:	
SIC Code: NAICS Code		
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 MI http://www.deq.state.ms.us/MDEQ.nsf/page/TWB Total Maximum Daily Load Section)	YES□ DEQ's web site:	NO□
	YES□	NO□
	1E3	110—
FOR WHICH POLLUTANT:		_
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES □ BY THE CONST	NO □ RUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?		NO□
IF YES, INDICATE THE TYPE OF FLOCCULANT.  □ ANIONIC POLYACRYLI □ OTHER □	MIDE (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	DUCTION
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?	YES 🗆	NO□
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE	E WATERS OF T	HE
STATE?	YES	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 LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES □	NO □				
IF YES, CHECK ALL THAT APPLY: $\Box$ AIR $\Box$ HAZARDOUS WASTE	□ PRETREATME	NT				
□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:					
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch f	CE YES □ or permitting requiren					
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 THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVOF ANY KIND? (If yes, please provide an antidegradation report.)	YEYANCE YES	NO				
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Wa	YES □ nter, Dam Safety.)	NO □				
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.	W WILL SANITARY S	SEWAGE				
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 constructed permit from MDEQ or indicate the date the application was submitted to MDEQ (I	over of the NPDES disc Date:	charge )				
☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots of General Acceptance from the Mississippi State Department of Health or certificatengineer that the platted lots should support individual onsite wastewater disposal states.	tion from a registered	f the Letter professional				
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 L feasibility of installing a central sewage collection and treatment system must be maresponse from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from t certification from a registered professional engineer that the platted lots should sup disposal systems.	ade by MDEQ. A copy al collection and wastev he State Department o	of the water system f Health or				
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH T	HE 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.

CL Carter or Signature of Applicant <sup>1</sup> (owner or prime contractor)	
Signature of Applicant <sup>1</sup> (6wner or prime contractor)	Date Signed
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

**Electronically:** 

https://www.mdeq.ms.gov/construction-stormwater/

Revised 3/23/22