AI: 86602

Rec'd via email:



06/01/2024	(NUMBE.	R TO BE ASSIGNED BY STATE)
APPLICANT IS THE:	OWNER PRIME CONTRACTOR	
	OWNER CONTACT INFORMATION	
OWNER CONTACT PERSON: John	ny Frazier	
OWNER COMPANY LEGAL NAME	Southern Venture Properties, LLC	
OWNER STREET OR P.O. BOX: 14	24 Mill Road	
OWNER CITY: Gulfport	STATE: MS	ZIP: 39503
OWNER PHONE #: (228) 860-30	OWNER EMAIL: jf.firesystem	s@yahoo.com
PRIME	CONTRACTOR CONTACT INFORMAT	ION
PRIME CONTRACTOR CONTACT	PERSON. Shaun Parker	
PRIME CONTRACTOR COMPANY	LEGAL NAME: Shaun Parker Construction,	LLC
PRIME CONTRACTOR STREET OF	R.P.O. BOX: 989 Howard Ave. Ste. A	
PRIME CONTRACTOR CITY: Bilo		_{ZIP} . 39530
PRIME CONTRACTOR PHONE #: (228) 456-6900 PRIME CONTRACTOR EMAIL	L: <u>N/A</u>
	FACILITY SITE INFORMATION	
FACILITY SITE NAME: Seaway Flex		
FACILITY SITE ADDRESS (If the ph	ysical address is not available, please indicate the near- identify all counties the project traverses.)	est named road. For linear projects
STREET: Seaway Road		
CITY: Gulfport	STATE: MS COUNTY: Harrison	ZIP: 39503
FACILITY SITE TRIBAL LAND ID		*
	es 3.21 seconds LONGITUDE: 89 degrees 2	
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):	Google Earth
TOTAL ACREAGE THAT WILL BE	DISTURBED 1: 1.911	
IS THIS PART OF A LARGER COM		YES□ NO ☑
IF YES, NAME OF LARGER COMM AND PERMIT COVERAGE N	ON PLAN OF DEVELOPMENT: JMBER: MSR10	
ESTIMATED CONSTRUCTION PROJECT START DATE:		2024-07-01
ECTIMATED CONCEDUCTION PROTECT END DATE		YYYY-MM-DD 2024-2-01
ESTIMATED CONSTRUCTION PRO		YYYY-MM-DD
DESCRIPTION OF CONSTRUCTION	NACTIVITY: Commercial Flex Space units (wa	ater, sewer, and drainage)
PROPOSED DESCRIPTION OF PROThis development will provide small businesses	PERTY USE AFTER CONSTRUCTION HAS BE and contractors an area to set up store fronts, office spaces, and	EN COMPLETED: storage areas for supplies and equipment.
SIC Code NAICS	Code	

NEAREST NAMED RECEIVING STREAM: Bayou Bernard							
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 Inttp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES☑ MDEQ'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 IMPACTE ACTIVITY?	YES☑ D BY THE CONS	NO□ TRUCTION					
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): Atmore Loam (per Web Soil Survey)							
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NO					
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRY OTHER		No⊠					

 $^{^1}$ Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft^2 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	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		YES 5	71	NO □	
IF YE	S, CHECK ALL THAT APPLY: \Box AIR \Box HAZARDOUS WASTE		PRETREA			
	□ WATER STATE OPERATING □ INDIVIDUAL NPDES	X	OTHER:			
IS TH	IE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC NY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch f	E or po	YES []	NO 🗹	
IF TH	IE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PR UMENTATION THAT:	OVI	DE APPRO	PRIATE		
•	The project has been approved by individual permit, or					
•	The work will be covered by a nationwide permit and NO NOTIFICATION to the	Corp	s is require	d, or		
•	The work will be covered by a nationwide or general permit and ${\bf NOTIFICATION}$	to th	e Corps is r	equired		
IS A I	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and Wa	ıter,	YES [Dam Safety		NO 🗹	
IF TH BE D	IE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOVISPOSED? Check one of the following and attach the pertinent documents.	V W.	ILL SANIT	ARY SEV	WAGE	
7	Existing Municipal or Commercial System. Please attach plans and specifications of associated "Information Regarding Proposed Wastewater Projects" form or approximately Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) a collection and treatment that the flows generated from the proposed project can approperly. The letter must include the estimated flow.	val fi ons (espo	rom County can not be p onsible for v	Utility Aut provided a vastewater	thority in It the time r	
	Collection and Treatment System will be Constructed. Please attach a copy of the copermit from MDEQ or indicate the date the application was submitted to MDEQ (I	over Date:	of the NPD	ES discha	rge)	
	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 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.	ide b il col he Si	y MDEQ. A lection and tate Departi	A copy of wastewat ment of H	the er system ealth or	
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJE	ECT	MUST CO	MPLY:		
Harris	on County					
-						

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.

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, Mississippi 39225