

11.89442

MSR109652

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR

RECEIVED
SEP 9 2025

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Lynn Seiler
OWNER COMPANY LEGAL NAME: Lynn Seiler
OWNER STREET OR P.O. BOX: 3011 Fairfield Rd
OWNER CITY: Macon STATE: ms ZIP: 39341
OWNER PHONE #: (662) 549-6561 OWNER EMAIL: twinstatesfarmingco@gmail.com

MDEQ

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 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 NAME: Lynn Seiler Poultry
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: 3130 Fairfield Rd
CITY: Macon STATE: ms COUNTY: Noxubee ZIP: 39341
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): NA
LATITUDE: 33 degrees 0 minutes 59.76 seconds LONGITUDE: 88 degrees 24 minutes 9.17 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GPS
TOTAL ACREAGE THAT WILL BE DISTURBED ¹: 11 acres

10

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: 2025/10/01
YYYY-MM-DD

ESTIMATED CONSTRUCTION PROJECT END DATE: 2026/05/20
YYYY-MM-DD

DESCRIPTION OF CONSTRUCTION ACTIVITY: Dirt Moving and Building

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
Chicken Farm

SIC Code: _____ NAICS Code _____

NEAREST NAMED RECEIVING STREAM: Ash 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) YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

FOR WHICH POLLUTANT:

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): _____

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?

IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? NA YES NO

WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE? YES NO

IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.

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 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 DOCUMENTATION THAT:

- The project has been approved
- The work will be covered by a r
- The work will be covered by a r

I was not sure how to answer the first Question on this page

IT, PROVIDE APPROPRIATE

Corps is required, or to the Corps is required

IS THE PROJECT REROUTING OF ANY KIND? (If yes, please

CONVEYANCE YES NO

IS A LAKE REQUIRING THE (If yes, provide appropriate app

ED? YES NO
and Water, Dam Safety.)

IF THE PROJECT IS A SUBDI BE DISPOSED? Check one of th

Sym

T, HOW WILL SANITARY SEWAGE

Existing Municipal or Com associated "Information F Hancock, Harrison, Jackson 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 (I.E. MS4) WITH WHICH THE 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.


Signature of Applicant¹ (owner or prime contractor)

9-8-25
Date Signed

Lynn Seiker
Printed Name¹

Owner
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, Mississippi 39225

Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>

Revised 3/23/22