AI: 89905

Rec'd via email: 11/06/2025

| MSR10 | 9706 |
|------------|------|
| IAN DECKAN | 3100 |

(NUMBER TO BE ASSIGNED BY STATE)

| APPLICANT IS THE: | ✓ OWNER [| PRIME CONTE | RACTOR | | |
|--|--|-------------------|--|--|--|
| OWNER CONTACT INFORMATION | | | | | |
| OWNER CONTACT PERSON: | Todd Seymour | | | | |
| OWNER COMPANY LEGAL I | NAME: East Bay, | LLC | | | |
| OWNER STREET OR P.O. BO | X: P.O. Box 546 | | | | |
| OWNER CITY: Madison | Victorian de transferance and proportion and a second an | STATE: MS | | ZIP: 39130 | |
| OWNER PHONE #: (601) | 20-8719 | OWNER EMAIL: S | eymourt@comcast.r | net | |
| | PREPARER C | ONTACT INFORM | MATION | | |
| IF NOI WAS PREPARED BY SO | | IAN THE APPLICANT | Γ . | | |
| CONTACT PERSON: Jason | | | | The state of the s | |
| COMPANY LEGAL NAME: H | • | ociates, inc. | The state of the s | | |
| STREET OR P.O. BOX: P.O. | | NAC. | | | |
| CITY: Jackson | | | ZIP: 39 | 236 | |
| PHONE # () 601-362-488 | 6 | EMAIL: jhorton2 | 23@bellsouth.net | | |
| PRIME CONTRACTOR CO | ONTACT INFOR | MATION | | | |
| PRIME CONTRACTOR CONT | TACT PERSON: | | | | |
| PRIME CONTRACTOR COM | PANY LEGAL NAM | E: | | | |
| PRIME CONTRACTOR STRE | ET OR P.O. BOX: _ | | | | |
| PRIME CONTRACTOR CITY: | | STATE: | | ZIP: | |
| PRIME CONTRACTOR PHON | Œ #: () | _ PRIME CONTRAC | TOR EMAIL: | | |
| | FACILITY | SITE INFORMAT | TION | en en personale come en esta por esta de la esta de est | |
| FACILITY SITE NAME: East | Bay of Caroline | | | | |
| 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: Bellevue Drive | | | | | |
| CITY: Madison | STATE: MS | COUNT | Y: Madison | ZIP: 39110 | |
| FACILITY SITE TRIBAL LAN | | | | | |
| LATITUDE: 32 degrees 34 | minutes 22 seconds | LONGITUDE: 90 | degrees 08 minutes 5 | 56 seconds | |
| LAT & LONG DATA SOURCE | | | Interpolation): map inter | polation | |
| TOTAL ACREAGE THAT WILL BE DISTURBED 1: 9.7 acres | | | | | |
| | | | | | |
| | | | | | |

| IS THIS PART OF A L | ARGER COMMON | PLAN OF DEVE | LOPMENT? | YES | NO |
|---|---|----------------------------------|---|---------------------------------|---------------|
| IF YES, NAME OF LA AND PERMIT C | RGER COMMON I OVERAGE NUMB | PLAN OF DEVEL ER: MSR10 | OPMENT: Lake Caroline | | |
| ESTIMATED CONSTI | RUCTION PROJEC | T START DATE: | | 2025-12-01 <u>YYYY-MM-DD</u> | |
| ESTIMATED CONSTI | RUCTION PROJEC | T END DATE: | | 2031-12-31 <u>YYYY-MM-DD</u> | |
| DESCRIPTION OF CO | DISTRUCTION AC | TIVITY: single family re | esidential development | | : |
| PROPOSED DESCRIP | TION OF PROPER | TY USE AFTER (| CONSTRUCTION HAS | BEEN COMPLETED: | - |
| | - In the second | | | | |
| SIC Code: 1521 | NAICS Cod | e 236100 | - | | |
| | | | <u> </u> | | |
| NEAREST NAMED RI | | | | F | |
| IS RECEIVING STRE. BODIES? (The 303(d) I http://www.deq.state.ms. | ist of impaired water | rs and TMDL stre | OF IMPAIRED WATER am segments may be fou im_Daily_Load_Section) | ind on MDEO's web site: | Nd |
| HAS A TMDL BEEN E | STABLISHED FOR | R THE RECEIVIN | G STREAM SEGMEN | T? YES ✓ | NO |
| FOR WHICH POLLUT | ΓANT: | Pathogens | | | (|
| ARE THERE RECREA WITHIN ½ MILE DOV ACTIVITY? | ATIONAL STREAM WNSTREAM OF PR | (S, PRIVATE/PUE COJECT BOUNDS | BLIC PONDS OR LAKE RY THAT MAY BE IMI | ES PACTED BY THE CONST | NO RUCTION |
| EXISTING DATA DES | SCRIBING THE SO | IL (for linear proje | ects please describe in S | WPPP): | |
| WILL FLOCCULANT | S BE USED TO TRI | EAT TURBIDITY | IN STORM WATER? | YES | NQ✓ |
| IF YES, INDICATE TH | HE TYPE OF FLOC | CULANT. | | ACRYLIMIDE (PAM) | |
| IF YES, DOES THE SV AND THE LOCATION | VPPP DESCRIBE T OF WHERE FLOC | HE METHOD OF CCULATED MAT | INTRODUCTION, THE | IE LOCATION OF INTRO | DUCTION |
| IS A SDS SHEET INCL | LUDED FOR THE F | LOCCULATE? | | YES | NO |
| WILL THERE BE A 50 STATE? | FT BUFFER BETV | VEEN THE PROJ | ECT DISTURBANCE A | AND THE WATERS OF TI | HE NC |
| IF NOT, PROVIDE EQ | UIVALENT CONT | ROL MEASURES | IN THE SWPPP. | | |

 $^{^{1}}$ Acreage 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? | VEC NO. | | | | | |
|--|--|--|--|--|--|--|
| IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE | YES NO | | | | | |
| | PRETREATMENT | | | | | |
| WATER STATE OPERATING INDIVIDUAL NPDES | OTHER: | | | | | |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE VES 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 ENGINEER SECTION 404 PERMIT, PROVID DOCUMENTATION THAT: | E APPROPRIATE | | | | | |
| -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 CONVEYAND OF ANY KIND? (If yes, please provide an antidegradation report.) | NCE 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 Water, D | YES NO | | | | | |
| IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILD BE DISPOSED? Check one of the following and attach the pertinent documents. | LL SANITARY 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 cover of permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: _ | f the NPDES discharge | | | | | |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Pleasof General Acceptance from the Mississippi State Department of Health or certification for engineer that the platted lots should support individual onsite wastewater disposal system | om a registered professional | | | | | |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A feasibility of installing a central sewage collection and treatment system must be made by response from MDEQ concerning the feasibility study must be attached. If a central colle is not feasible, then please attach a copy of the Letter of General Acceptance from the Stacertification from a registered professional engineer that the platted lots should support in disposal systems. | MDEQ. A copy of the ction and wastewater system te Department of Health or | | | | | |
| INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH THE PR | OJECT MUST COMPLY: | | | | | |
| Madison County Stormwater Ordinance | | | | | | |
| | | | | | | |
| | | | | | | |

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)

Date Signed

Todd Seymour

Printed Name¹

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.mdeg.ms.gov/construction-stormwater/

Revised 3/23/22