

11. 90254

MSR10 9754

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR

RECEIVED
JAN 28 2026

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: _____

OWNER COMPANY LEGAL NAME: Stuart Rusche DBA Rostock Farms

OWNER STREET OR P.O. BOX: 265 Mt. Zion Rd.

MDEQ

OWNER CITY: Mendenhall

STATE: _____ ZIP: _____

OWNER PHONE #: (601) _____

OWNER EMAIL: stuartrusche@gmail.com

PREPARER CONTACT INFORMATION

IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT

CONTACT PERSON: _____

COMPANY LEGAL NAME: Maurer-Stutz, Inc.

STREET OR P.O. BOX: 3116 N Dries Lane, STE 100

CITY: _____ STATE: IL ZIP: 61604

PHONE # () 309-693-7615 EMAIL: dnfeucht@mstutz.com

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: _____

PRIME CONTRACTOR COMPANY LEGAL NAME: Quality Dirt Work

PRIME CONTRACTOR STREET OR P.O. BOX: 440 Hopewell Rd.

PRIME CONTRACTOR CITY: _____ STATE: MS ZIP: 39739

PRIME CONTRACTOR PHONE #: (662) _____ PRIME CONTRACTOR EMAIL: craigwedel@gmail.com

FACILITY SITE INFORMATION

FACILITY SITE NAME: Rostock Farms

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: _____ CITY: Mendenhall STATE: MS COUNTY: _____ ZIP: 39114

FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A

LATITUDE: 31 degrees 47 minutes 20.1 seconds LONGITUDE: 89 degrees 52 minutes 16.9 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GPS

TOTAL ACREAGE THAT WILL BE DISTURBED: 23

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IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10		
ESTIMATED CONSTRUCTION PROJECT START DATE:	YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE:	2026-12-31 YYYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY: <small>Poultry Facility Construction</small>		
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: <small>Operation of Poultry Facility - Broiler Production</small>		

SIC Code: 0251	NAICS Code _____
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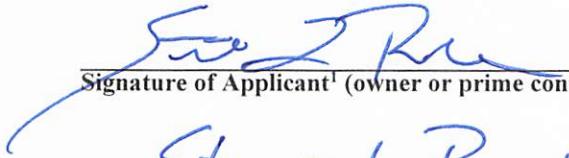
NEAREST NAMED RECEIVING STREAM: <small>East Prong Silver Creek</small>		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
FOR WHICH POLLUTANT:		
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): <small>Web Soil Survey</small>		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
IF YES, INDICATE THE TYPE OF FLOCCULANT.	<input type="checkbox"/>	ANIONIC POLYACRYLIMIDE (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?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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

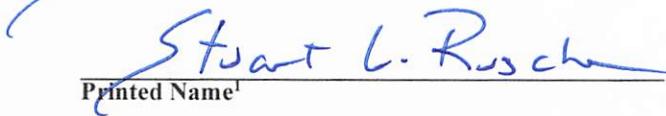
IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, CHECK ALL THAT APPLY: <input type="checkbox"/> AIR <input type="checkbox"/> HAZARDOUS WASTE <input type="checkbox"/> PRETREATMENT <input type="checkbox"/> WATER STATE OPERATING <input type="checkbox"/> INDIVIDUAL NPDES <input checked="" type="checkbox"/> OTHER: <u>Dry Litter Poultry AFO</u>	
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.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT: <ul style="list-style-type: none"> -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 CONVEYANCE OF ANY KIND? (If yes, please provide an antidegradation report.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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, Dam Safety.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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: _____).	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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: <hr/> <hr/> <hr/>	

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)

1-20-26

Date Signed


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