AI #36283 Gn P20070001





## **CONSTRUCTION NOTICE OF INTENT (CNOI)** FOR COVERAGE UNDER CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 # 955

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF CONSTRUCTION; 15 DAYS IF A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) IS ALREADY ON FILE. DISCHARGE OF STORM WATER FROM A CONSTRUCTION SITE WITHOUT WRITTEN NOTIFICATION OF COVERAGE IS A VIOLATION OF STATE LAW

#### INSTRUCTIONS

SUBMITTALS WITH THIS CNOI MUST INCLUDE: A USGS QUAD MAP (OR A COPY) SHOWING SITE LOCATION AND STORM WATER OUTFALLS AND STORM WATER POLLUTION PREVENTION PLAN (SWPPP). SEE CONSTRUCTION GENERAL PERMIT PART III.

ADDITIONAL SUBMITTALS MAY INCLUDE DOCUMENTATION OF SWPPP APPROVAL WITH LOCAL ORDINANCES (CONSTRUCTION GENERAL PERMIT PART III. B.); APPROPRIATE SECTION 404 DOCUMENTATION FROM CORPS OF ENGINEERS (IF REQUIRED); APPROPRIATE DOCUMENTATION FROM HEALTH DEPARTMENT AND/OR MDEQ/OPC FOR FUTURE DISPOSAL OF SANÍTARY SEWAGE AND SEWAGE COLLECTION SYSTEM; APPROPRIATE DOCUMENTATION FROM MDEQ/OFFICE OF LAND & WATER, FOR DAM CONSTRUCTION AND LOW FLOW REQUIREMENTS.

APPLICANT MUST BE OWNER OR PRIME CONTRACTOR. THE APPLICANT RECEIVES COVERAGE AND IS RESPONSIBLE FOR PERMIT COMPLIANCE. OWNER MAY APPLY AND AT A LATER DATE REQUIRE PRIME CONTRACTOR TO ASSUME PERMIT COMPLIANCE (SEE PRIME CONTRACTOR CERTIFICATION)..

All QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

#### IS APPLICANT THE OWNER OR PRIME CONTRACTOR? (CIRCLE ONE OR BOTH)

#### OWNER INFORMATION

OWNER COMPANY NAME: Cedar Ridge Farm		
OWNER STREET (P.O. BOX): 147 Prairie Point Rd.		
OWNER CITY: Macon	STATE: MS	ZIP: 39341

#### PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Un	300 114 41 4140 1144	
PRIME CONTRACTOR COMPANY:		
PRIME CONTRACTOR STREET (P.O. BOX):		
PRIME CONTRACTOR CITY:	STATE:	ZIP:

Lat. - 33.14266803953428 Long. - -88,53057549529217

Revised June 12, 2002

#### PROJECT INFORMATION

PROJECT NAME: Cedar Ridge Farm Poultry Operation	
DESCRIPTION OF CONSTRUCTION ACTIVITY:	
To Build a 440 feet by 650 feet pad to place 4 (50'X500') Poultry houses and a composte access road to the site.	r. Also to construct a 40' by 6000' long
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HASTANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) IF KNOWN):	
Poultry Operation	SIC Code 251
STREET: 1478 Prairie Point Rd.  CITY: Macon, MS , COUNTY: Noxubee	
CITY: Macon, MS , COUNTY: Noxubee	
ZIP: 39341	
NEAREST NAMED RECEIVING STREAM: Plum Creek	
ARE THERE ANY WETLANDS, RECREATIONAL STREAMS, PRIVATE/PUBL	IC PONDS OR LAKES WITHIN 1/4
MILE DOWNSTREAM OF PROJECT BOUNDRY? Yes	
TOTAL ACREAGE THAT WILL BE DISTURBED <sup>1</sup> : 12.1	
EST. START DATE: 10/15/07 EST. COMPLETION DATE: 12/31/07	
TYPE SOIL ON SITE: Demopolis-Binnsville Complex	

<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

State Operating Permit	
IS A LAKE REQUIRING IF SO, PROVIDE APPR DAM SAFETY.	G THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? <sup>no</sup> OPRIATE APPROVAL DOCUMENTATION FROM MDEQ, OFFICE OF LAND AND WATER,
IF THE PROJECT IS A SANITARY SEWAGE B	SUBDIVISION, INDUSTRIAL PARK OR LARGE APARTMENT COMPLEX HOW WILL E DISPOSED? Circle one of the following and attach the pertinent documents.
1. Existing Municipa specifications for the	or Commercial System. Please attach a copy of the letter from MDEQ that the plans and be collection system have been submitted and approved.
2. Collection and Tre permit from MDE	atment System will be Constructed. Please attach a copy of the cover of the NPDES discharge Q or indicate the date the application was submitted to MDEQ (Date:)
of General Accepta	Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter nace from the Mississippi State Department of Health or certification from a registered professional latted lots should support individual onsite wastewater disposal systems.
feasibility of install response from MD is not feasible, then	Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the ling a central sewage collection and treatment system must be made by MDEQ. A copy of the EQ concerning the feasibility study must be attached. If a central collection and wastewater system a please attach a copy of the Letter of General Acceptance from the State Department of Health or a registered professional engineer that the platted lots should support individual onsite wastewater
IF THE PROJECT IS NO	OT ONE OF THE ABOVE, HOW WILL SANITARY SEWAGE BE DISPOSED?
iio	
	L STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY AND ENTATION OF APPROVAL. (APPROVED PLANS WILL RECEIVE EXPEDITED REVIEW):

# STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND

USGS QUAD MAP REQUIREMENT			
ATTACH A CONSTRUCTION SWPPP THAT INCLUDES OF THE CONSTRUCTION PERMIT.	THE MINIMUM COMPONENTS FOUND IN PART III.C.		
INDICATE ANY ASSOCIATION OR GENERIC SWPPP – AND SEDIMENT CONTROLS LOCATED ON THE PROJECT SITE MA PROVIDE DRAWINGS OF TYPICAL CONTROLS USED (SEE PERMIT			
SWPPP plan attached			
ATTACH A USGS QUAD MAP OR COPY OF QUAD MAI THE SITE'S PROPERTY BOUNDRY OUTLINING THE S OFFICE OF GEOLOGY: 601-961-5523).	P EXTENDING AT LEAST ONE-HALF OF A MILE BEYOND ITE LOCATION. (QUAD MAPS CAN BE OBTAINED FROM THE		
IF A COPY IS SUBMITTED PROVIDE THE NAME OF T	HE QUAD MAP (FOUND IN UPPER RIGHT HAND CORNER OF MAP)		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT OF DIRECTION OR SUPERVISION IN ACCORDA QUALIFIED PERSONNEL PROPERLY GATHERED AND IT ON MY INQUIRY OF THE PERSON OR PERSONS WHO MESPONSIBLE FOR GATHERING THE INFORMATION, MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND SIGNIFICANT PENALTIES FOR SUBMITTING FALSE IN AND IMPRISONMENT FOR KNOWING VIOLATIONS.  Signature (Mast be signed by operator when different than own the company of the company	ANCE WITH A SYSTEM DESIGNED TO ASSURE THAT EVALUATED THE INFORMATION SUBMITTED. BASED IANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY THE INFORMATION SUBMITTED IS, TO THE BEST OF COMPLETE. I AM AWARE THAT THERE ARE FORMATION, INCLUDING THE POSSIBILITY OF FINE $10-3-0-7$		
Printed Name <sup>1</sup>	Title		

<sup>1</sup>This application shall be signed according to the General Permit, Part V.E., 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.
Duly Authorized Representative.

### PRIME CONTRACTOR CERTIFICATION

The prime contractor, if different from original applicant, will take responsibility for permit compliance by filing this certification prior to the commencement of construction. This certification is unnecessary when the prime contractor has already completed, signed, and submitted pages 1, 2, 3 and 4 of the CNOI. By completing and submitting this certification to MDEQ, the prime contractor accepts full responsibility for permit compliance and meeting all permit conditions. Otherwise the initial applicant (applicant who filed pages 1, 2, 3 and 4 of the CNOI) is solely responsible for permit compliance. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations, and applicable permits.

PRIME CONTRACTOR INFORMATION			
	TACT PERSON: UNknown at this time MPANY:	PHONE NUMBER:	
PRIME CONTRACTOR STR	EET (P.O. BOX):		
PRIME CONTRACTOR CIT	Y:	STATE:ZIP:	
	OWNER INFORMA	TION	
OWNER CONTACT PERSON	N: Mark Johnson	PHONE NUMBER: 662-726-4674	
OWNER COMPANY NAME:			
	PROJECT INFORMA	ATION	
PROJECT NAME: Cedar Ridge	ge Farm Poultry Operation  UCTION ACTIVITY:	NUMBER: MSR10	
PHYSICAL SITE ADDRESS (BEGINNING OF PROJECT. IN ADDRESS: 1476 Prairie Point Ro	IF NOT AVAILABLE INDICATE THE NEAREST N DITION, IDENTIFY ALL COUNTIES THAT LINER.	IAMED ROAD - FOR LINEAR PROJECTS INDICATE AR PROJECT TRAVERSES.):	
I CERTIFY THAT I AM THE REQUIREMENTS IN THE A I CERTIFY UNDER PENALTY OF I SUPERVISION IN ACCORDANCE N EVALUATED THE INFORMATION THOSE PERSONS DIRECTLY RESI MY KNOWLEDGE AND BELIEF, T	PRIME CONTRACTOR FOR THIS PROBOVE REFERENCED GENERAL NPDES  AW THAT THIS DOCUMENT AND ALL ATTACH WITH A SYSTEM DESIGNED TO ASSURE THAT Q SUBMITTED. BASED ON MY INQUIRY OF THE I PONSIBLE FOR GATHERING THE INFORMATIOR RUE, ACCURATE AND COMPLETE. I AM AWARI	JECT AND WILL COMPLY WITH ALL THE PERMIT.  MENTS WERE PREPARED UNDER MY DIRECTION OR UALIFIED PERSONNEL PROPERLY GATHERED AND PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR N, THE INFORMATION SUBMITTED IS, TO THE BEST OF E THAT THERE ARE SIGNIFICANT PENALTIES FOR DIMPRISONMENT FOR KNOWING VIOLATIONS.  Date Signed	

This application shall be signed according to the General Permit, Part V.E., 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.

Duly Authorized Representative.

Printed Name

Title