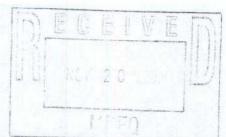
AI#36487 GnP20070001





CONSTRUCTION NOTICE OF INTENT (CNOI) FOR COVERAGE UNDER CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 49 10

(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 IIL B.); APPROPRIATE SECTION 404 DOCUMENTATION FROM CORPS OF ENGINEERS (IF REQUIRED); APPROPRIATE DOCUMENTATION FROM HEALTH DEPARTMENT AND/OR MDEQ/OPC FOR FUTURE DISPOSAL OF SANITARY 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
OWNI	ER CONTACT PERSON: RONDY C FORTENBEARY
OWNI	ER CONTACT PERSON: RUNDY C FORTENBERRY ER COMPANY NAME: RANDY FORTENBERRY FARMS ER STREET (P.O. BOX): 4115 G-LADHURST RP
OWNI	ER STREET (P.O. BOX): 4115 G-LADHURST RP
OWNI	ERCITY: MAGNOLIA MS 39652 STATE: MS ZIP: 39652
OWN	ER PHONE # (INCLUDE AREA CODE): 6017833026

PRIME CONTRACTOR CONTAC	TPERSONA Re	x Patrick	
PRIME CONTRACTOR COMPA	vy: Rankin	Dozer Servi	ce
PRIME CONTRACTOR STREET PRIME CONTRACTOR CITY:	(P.O. BOX): 12/0	Hishley Road	30041
PRIME CONTRACTOR CITY: PRIME CONTRACTOR PHONE #	(INCLUDE AREA CODE)	STATE: Y 11 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	2 ZIP: <u>27078</u>

PROJECT INFORMATION

PROJECT NAME: RANDY FORTENBERRY FARMS
DESCRIPTION OF CONSTRUCTION ACTIVITY: 4 BREEDER HOUSES
SANDORSON FARMS
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (INCLUDE TANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) IF KNOWN):
SIC Code
TREET: 411564ADHURST RD CITY: MAGNOLIA MISS, COUNTY: PIKE CIP: 39652
TEAREST NAMED RECEIVING STREAM: Forest Branch
THE THERE ANY WETLANDS, RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN $\frac{1}{2}$ W D
OTAL ACREAGE THAT WILL BE DISTURBED : 6 ACRES
ST. START DATE: 1/08 EST. COMPLETION DATE: 3/08
YPE SOIL ON SITE: ORA

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

circle whi	ch one(s): AIR, HAZ	ZARDOUS WASTI	E, PRETREATM	THER PERMITS (Y. ENT, STATE OPERAte documentation fro	TING, INDIVI	ES If so, IDUAL NPDES, other(s):
IS A LAK IF SO, PR DAM SAF	OVIDE APPROPR	E CONSTRUCTION INTERPROVAL	ON OF A DAM B L DOCUMENTA	EING PROPOSED (Y TON FROM MDEQ,	Yes or No)?, OFFICE OF L	NO AND AND WATER,
IF THE P	ROJECT IS A SUB	DIVISION, INDUS SPOSED? Circle o	STRIAL PARK O	R LARGE APARTM g and attach the perti	ENT COMPLE	X HOW WILL
1. Exis	sting Municipal or C	Commercial System llection system hav	. Please attach a e been submitted	copy of the letter from	n MDEQ that th	he plans and
2. Coll peri	lection and Treatme mit from MDEQ or	nt System will be C indicate the date th	Constructed. Please application was	e attach a copy of the submitted to MDEQ	cover of the NI (Date:	PDES discharge
of G	eneral Acceptance	from the Mississipp	oi State Departme	ions Less than 35 Lo nt of Health or certifi e wastewater disposa	cation from a re	a copy of the Letter egistered professional
feas resp is no cert	ibility of installing a onse from MDEQ o ot feasible, then plea	central sewage col oncerning the feasi se attach a copy of	llection and treats ibility study must the Letter of Gen	ions Greater than 35 ient system must be note attached. If a centeral Acceptance from platted lots should su	nade by MDEQ tral collection ar the State Depa	. A copy of the nd wastewater system rtment of Health or
IF THE PI	ROJECT IS NOT O		VE, HOW WILL	SANITARY SEWAG	E BE DISPOSI	ED?
				WHICH THE PRO ED PLANS WILL R		

STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND USGS QUAD MAP REQUIREMENT

esos Quib ium ma	Zemesivisi vi
ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE MOF THE CONSTRUCTION PERMIT.	INIMUM COMPONENTS FOUND IN PART III.C.
INDICATE ANY ASSOCIATION OR GENERIC SWPPP – ADDITIONAL SEDIMENT CONTROLS LOCATED ON THE PROJECT SITE MAP. FOR I PROVIDE DRAWINGS OF TYPICAL CONTROLS USED (SEE PERMIT):	ONALLY ATTACH SITE MAP WITH APPROPRIATE EROSION LINEAR PROJECTS (ROAD AND PIPELINE PROJECTS)
ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENTHE SITE'S PROPERTY BOUNDRY OUTLINING THE SITE LOOFFICE OF GEOLOGY: 601-961-5523).	NDING AT LEAST ONE-HALF OF A MILE BEYOND CATION. (QUAD MAPS CAN BE OBTAINED FROM THE
IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUA	D MAP (FOUND IN UPPER RIGHT HAND CORNER OF MAP)
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT	AND ALL ATTACHMENTS WEDE DDEDADED
UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE W QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUA ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE	ITH A SYSTEM DESIGNED TO ASSURE THAT ATED THE INFORMATION SUBMITTED. BASED
RESPONSIBLE FOR GATHERING THE INFORMATION, THE INF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPI SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION AND IMPRISONMENT FOR KNOWING VIOLATIONS.	ORMATION SUBMITTED IS, TO THE BEST OF LETE. I AM AWARE THAT THERE ARE
Rad Forthern Signature (Must be signed by operator when different than owner)	//- 2 - 07 Date Signed
RANDY CFORTENBEARY	our
Printed Name	Title

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.

P	R	IN	ME	CONTR	ACTOR	INFORM	ATION
		term and		COLLIE		TI II O TITLE	TAR TOTAL

PRIME CONTRACTOR CONTACT PERSON: Rex Patrick PHONE NUMBER: 601825-540 PRIME CONTRACTOR COMPANY: Rankin Dozer Service PRIME CONTRACTOR STREET (P.O. BOX): 1210 Ashley Road PRIME CONTRACTOR CITY: Brandon STATE: MS ZIP: 39042
OWNER INFORMATION
OWNER CONTACT PERSON: RANDY FORTENDERRY FORMS OWNER COMPANY NAME: RANDY FORTENBERRY FARMS
PROJECT INFORMATION
CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10 PROJECT NAME: RANDY FORTEWBERRY FARMS DESCRIPTION OF CONSTRUCTION ACTIVITY: 4 BROWDER HOUSES
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES THAT LINERAR PROJECT TRAVERSES.): STREET: 4/15 GLADHURST RU CITY: MAGNOLIA MS, COUNTY: PIKE

I CERTIFY THAT I AM THE PRIME CONTRACTOR FOR THIS PROJECT AND WILL COMPLY WITH ALL THE REQUIREMENTS IN THE ABOVE REFERENCED GENERAL NPDES PERMIT.

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.

Prime Contractor Signature

Rex **Printed Name**

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.