· AI#12017 Gnp200000



MISSISSIPPI DEPARTMENT OF **ENVIRONMENTAL QUALITY (MDEQ)** LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI)

FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 5 5 4 (NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction Storm Water General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities that are part of a larger common plan of development or sale that will disturb five (5) or more acres. Applicant must be owner or operator (for construction activities, the operator is typically the prime contractor). The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and several responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

File at least thirty (30) days prior to the commencement of construction, fifteen (15) days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file. Discharge of storm water from a "large" construction site without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:

- A Storm Water Pollution Prevention Plan as described in the Large Construction Storm Water **General Permit**
- A USGS quad map or a copy showing site location

Additional submittals may include the following if applicable:

- Appropriate Section 404 documentation
- Appropriate sanitary sewage collection and disposal documentation
- Appropriate dam construction and low flow requirement documentation

ALL INFORMATION MUST BE COMPLETED (Put "NA" if not applicable)

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

OWNER INFORMATION OWNER CONTACT PERSON: Mr. John W. (Bill) Bodford, PE - Senior Resident Engineer OWNER COMPANY NAME: Veterans Affairs, Office of Construction and Facilities Management

OWNER STREET OR P.O. BOX: VA Medical Center, Building 8A, 400 Veterans Avenue

ZIP: 39531 STATE: MS OWNER CITY: Biloxi

OWNER PHONE # (INCLUDE AREA CODE): (228) 523-5991

Revised: April 24, 2008

JUL 23 2009

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Leven D. L PRIME CONTRACTOR COMPANY: ESAC/LS, A Joint V		U all
PRIME CONTRACTOR STREET OR P.O. BOX: PO Box	808	
PRIME CONTRACTOR CITY: Fort Walton Beach	STATE: FL	ZIP: 32549
PRIME CONTRACTOR PHONE # (INCLUDE AREA COD	E): (850) 863-5158	

PROJECT INFORMATION

I ROJECT NAME.	Parking Structure - Veterans Affairs - Gulf Coast Veterans Health Care System
disturbed area must	E THAT WILL BE DISTURBED ¹ (To be covered by the Large Construction General Permit the to be five (5) acres or greater; or land disturbing activities that are part of a larger common plan of that will disturb five (5) acres or greater.) 6.238 acres
IS THIS PART OF	A LARGER COMMON PLAN OF DEVELOPMENT (Yes or No)? No
IF YES, NAME OF	LARGER COMMON PLAN OF DEVELOPMENT:
	AND PERMIT COVERAGE NUMBER:
DESCRIPTION OF	CONSTRUCTION ACTIVITY: Removal of existing parking lot. Construct new Parking lot and
Parking Structure.	
	Parking Lot and Parking Structure
PHYSICAL SITE A	DDRESS (If the physical address is not available indicate the nearest named road. For linear projects
indicate the beginning	DDRESS (If the physical address is not available indicate the nearest named road. For linear projects ng of the project and identify all counties the project traverses.)
STREET: 400 Vete	DDRESS (If the physical address is not available indicate the nearest named road. For linear projects ng of the project and identify all counties the project traverses.)
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STREET: 400 Vetes CITY: Biloxi ZIP: 39531 LATITUDE: 30 C	DDRESS (If the physical address is not available indicate the nearest named road. For linear projects ng of the project and identify all counties the project traverses.) erans Avenue COUNTY: Harrison degrees 24 minutes 48 seconds LONGITUDE: 88 degrees 56 minutes 34 seconds
indicate the beginning STREET: 400 Veter CITY: Biloxi ZIP: 39531 LATITUDE: 30 CLAT & LONG DATA NEAREST NAMED ARE THERE RECE	DDRESS (If the physical address is not available indicate the nearest named road. For linear projects ng of the project and identify all counties the project traverses.) erans Avenue COUNTY: Harrison degrees 24 minutes 48 seconds LONGITUDE: 88 degrees 56 minutes 34 seconds a SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation); Google Earth

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

S THIS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? No
F YES, CIRCLE WHICH ONE(S): AIR, HAZARDOUS WASTE, PRETREATMENT, WATER STATE OPERATING, NDIVIDUAL NPDES, OTHER:
S THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND Yes or No)? No (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).
F THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION WITH THIS LCNOI THAT:
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
S A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? No F YES, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM THE MDEQ OFFICE OF LAND AND WATER, DAM SAFETY.
F THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARK, OR LARGE APARTMENT COMPLEX, HOW WILL SANITARY SEWAGE BE DISPOSED? Circle one of the following and attach the pertinent documents.
1. Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form. If the plans and specifications can not be provided at the time of LCNOI submittal, the 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.
2. Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from the MDEQ or indicate the date the application was submitted to the MDEQ. Date:
3. <u>Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots</u> . 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.
4. 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 the MDEQ. A copy of the response from the 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.
NDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY: None

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

ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE M CONSTRUCTION STORM WATER GENERAL PERMIT.	INIMUM COMPONENTS FOUND IN THE LARGE
INDICATE ANY ASSOCIATION OR GENERIC SWPPP (In addition sediment controls identified. For linear projects such as roads and pi	on, attach a site map with the appropriate crosion and pelines provide drawings of typical controls).
See attached narrative SWPPP and Construction Plan Sheets CG	
ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENTHE SITE'S PROPERTY BOUNDARY OUTLINING THE SITE LC Office of Geology at 601-961-5523.) IF A COPY IS SUBMITTED PR upper right hand corner of map).	OCATION (Quad mans can be obtained from MDFO)
I certify under penalty of law that this document and all attachments we accordance with a system designed to assure that qualified personnel presubmitted. Based on my inquiry of the person or persons who manage to gathering the information, the information submitted is, to the best of n I am aware that there are significant penalties for submitting false information ment for knowing violations. Signature (Must be signed by operator when different than owner)	operly gathered and evaluated the information the system, or those persons directly responsible for two knowledge and belief, true, accurate and complete.
Leven D. Lord II	Vice President - Lord & Son
Printed Name	Title
This 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.	ve officer, mayor, or ranking elected official;

Please submit this LCNO1 form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261

PRIME CONTRACTOR CERTIFICATION

By completing and submitting this form to the MDEQ, the prime contractor is certifying that (1) they have operational control over the crosion and sediment control specifications (including the ability to make modifications to such specifications) and (2) have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and several responsibility for compliance with the permit. 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	CONTR	ACTOR	INFORM	ATION
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PRIME CONTRACTOR CONTACT PERSON: Leven D. Lord II, Vio	e President PHONE NUMBER: (850) 863-5158
PRIME CONTRACTOR COMPANY: ESAC/LS, A Joint Venture	
PRIME CONTRACTOR STREET OR P.O. BOX: PO Box 1808	
PRIME CONTRACTOR CITY: Fort Walton Beach	STATE: FL ZIP: 32549

OWNER INFORMATION

OWNER CONTACT PERSON	: Mr. John W. (Bill) Bodford	PHONE NUMBER: (228) 523-5991
OWNER COMPANY NAME:	Veterans Affairs, Office of Construct	ion and Facilities Management

PROJECT INFORMATION

MSR10	VATER GENERAL PERMIT COVERAGE NUMBER (Found on Certificate of Coverage): ———————————————————————————————————
PROJECT NAME: Parking S	Structure
DESCRIPTION OF CONSTR	RUCTION ACTIVITY: Removal of existing parking lot. Construction of new parking lot
and parking garage.	
DIRVERZAL CITE ADDDECC	(If the physical address is not available indicate the nearest named road. For linear projects,
indicate the beginning of the p	project and identify all counties the project traverses.)
indicate the beginning of the p STREET: 400 Veterans Aver	project and identify all counties the project traverses.)

information, the information submitted it, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant ponalties for submitting facts information, including the possibility of fine and imprisonment for knowing violations. 7.21.09 Date

Prime Contractor Signature

Leven D. Lord II

Printed Name

Vice President - Lord & Son

Title

This 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;

Duly Authorized Representative.

This Prime Contractor Certification form shall be submitted to:

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control Jackson, Mississippi 39225-2261