### AT#71305 GAPROLITOPOL

SIC Code

FEB 23 2017

MDEO

MSR107384

(NUMBER TO BE ASSIGNED BY STATE) OWNER PRIME CONTRACTOR APPLICANT IS THE: OWNER CONTACT INFORMATION OWNER CONTACT PERSON: OWNER COMPANY LEGAL NAME: ackson Investments OWNER STREET OR P.O. BOX: 814 CR 2906 OWNER CITY: Mine olg STATE: /exas OWNER PHONE #: (903) 262-4849 OWNER EMAIL: CCGruer 1966C Ychoo.com PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: Eric Carver PRIME CONTRACTOR COMPANY LEGAL NAME: Caruer Con 5 to Lion PRIME CONTRACTOR STREET OR P.O. BOX: 714 CR 2906 PRIME CONTRACTOR CITY: MINEULA STATE: Texas PRIME CONTRACTOR PHONE #: 9035690444 PRIME CONTRACTOR EMAIL: Office@Carverca FACILITY SITE INFORMATION FACILITY SITE NAME: 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.) WEST FRONTAGE COUNTY: ZIP: 39272 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): NIA LATITUDE: 32 degrees 0 9 minutes 40 seconds LONGITUDE: 90 degrees 16 minutes 90 seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GOOGLE EALTH TOTAL ACREAGE THAT WILL BE DISTURBED 1: IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO E IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: MARCH, 2017 YYYY-MM-DD ESTIMATED CONSTRUCTION PROJECT END DATE: YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: CLEARING, CRADING, FILLING & UTIL. CONSTR. PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: STORAGE

NAICS Code

NEAREST NAMED RECEIVING STREAM:	316	CREEK		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) L BODIES? (The 303(d) list of impaired waters and TMDI http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_M	IST OF L strean faximum	IMPAIRED WATER  segments may be found Daily_Load_Section)	YES□ on MDEQ's web site:	NO⊠
HAS A TMDL BEEN ESTABLISHED FOR THE RECE			YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATI WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BO ACTIVITY?	UNDRY	THAT MAY BE IMPA		NO   RUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear	r projec	ts please describe in SWI	PPP):	
WILL FLOCCULANTS BE USED TO TREAT TURBI	DITY II	STORM WATER?	YES□	NO
IF YES, INDICATE THE TYPE OF FLOCCULANT.		☐ ANIONIC POLYAC	CRYLIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHO AND THE LOCATION OF WHERE FLOCCULATED	DD OF I	NTRODUCTION, THE RIAL WILL SETTLE?	LOCATION OF INTRO YES □	DUCTION NO□

<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 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?	YES 🗆 NO 🖸
IF YES, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE	□ PRETREATMENT
□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYA OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Brance	NCE YES □ NO ☑ ch for permitting requirements.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, DOCUMENTATION THAT:	PROVIDE APPROPRIATE
The project has been approved by individual permit, or	
<ul> <li>The work will be covered by a nationwide permit and NO NOTIFICATION to t</li> </ul>	he Corps is required, or
The work will be covered by a nationwide or general permit and NOTIFICATION	ON to the Corps is required
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and	YES □ NO ☑ Water, Dam Safety.)
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, H BE DISPOSED? Check one of the following and attach the pertinent documents.	IOW WILL SANITARY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or apply Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specific of LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow.	proval from County Utility Authority in cations can not be provided at the time (s) responsible for wastewater
Collection and Treatment System will be Constructed. Please attach a copy of the permit from MDEQ or indicate the date the application was submitted to MDEC	ne cover of the NPDES discharge Q (Date:)
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 L of General Acceptance from the Mississippi State Department of Health or certiengineer that the platted lots should support individual onsite wastewater disposal	ification from a registered professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 3 feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a ce is not feasible, then please attach a copy of the Letter of General Acceptance fro certification from a registered professional engineer that the platted lots should disposal systems.	e made by MDEQ. A copy of the normal collection and wastewater system on the State Department of Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PR	OJECT MUST COMPLY:
CITY OF BYRAM MS	
* INDIVIDUAL ONSITE WASTEWATTER SYSTEM WILL	BE CONSTRUCTED
FOR THE PROPISED COMMERCIAL BUILDING.	506 GPD A.T.U.
WITH SPRAY HEAD DISPOSAR AS SHOWN.	

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)

<sup>1</sup>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

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Please submit the LCNOI form to:

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

# PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 County
(Fill in your Certificate of Coverage Number and County)



By comparing and submitting this form to MDEO, the prime contractor is certifying that (1), they have operational control over the ecosion and senting control as the form the ability to make modifications to such specifications) or (2) they have they despected over the ecosion operational control at those activities at the site accessory to among compliance with the SWEEE and applicable permittenations.

The owner(t) of the property and the prime contractor associated with regulated construction activity on the property tree four and service associated with regulated construction activity on the property tree four and service associated by the contraction of the contraction of the contraction and the contraction with a service pollution of the state of t

		OWNER COMPANY NA	OWNER CONTACT LEY	Daniel Common
and and and		Tarvar Corre	CONTACT REASON: C.L.C. CALACL	6
PhO Trom	S. T. T. W. C. P. H. S.	OWNER COMPANY NAME: / ACYCL COCKED TO COCKED	PHONE NUMBER	
		1101 300	PHONE NUMBER: (903) 272-0500	

## PROJECT INFORMATION

PHYSICAL SITE ADDRESS TO UTILITY CONSTRUCTION	st named road. For linear projects,	not available indicate the neare nties the project traverses.)	indicate the beginning of the project and identify all counties the project traverses.)  STREET:
UTILITY (BNICTHICT) CHANDING FILLING 9		110000	HYSICAI SITE ADDESS TO
GUING GUADING FILLING		CONCINUTION	UTILITY
RIPTION OF CONSTRUCTION ACTIVITY.	WG , FILLING &	CLOARING, CANOI	DESCRIPTION OF CONSTRUCTION ACTIVITY:

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NFDES permit, I further 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 automitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, the penalties for submitted is, to the best of my knowledge and belief, true, acturate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

inted Name	) ·	ime Contractor Signati
net :	1	
Monce	Date Signed	1-3

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For a corporation, by a responsible corporate officer.
For a partnership, by a general partner.
For a see progrictorship, by the proprietor.
For a numicipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

Tittle men

This Prime Contractors Certification form shall be submitted to: Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Polintion Control P.O. Box 2261 Jackson, Mississippi 39225

Revised: 10/25/16