



MSR10 7 4 9 2

(NUMBER TO BE ASSIGNED BY STATE)

MDFO		(NUMBE	(NUMBER TO BE ASSIGNED BY STATE)			
APPLICANT IS THE:	✓ OWNER □ PR	ME CONTRACTOR				
OWNER CONTACT INFORMATION						
OWNER CONTACT PERSON: Tom Williams						
OWNER COMPANY LEGAL NA	Meridian Airport	Authority				
OWNER STREET OR P.O. BOX: 2811A Airport Blvd South						
OWNER CITY: Meridian		STATE: MS	ZIP: 393	01		
OWNER CITY: Meridian OWNER PHONE #: (601) 48	2 0364 OWN	ER EMAIL: twilliams@n	neridianairport.com			
PRIME CONTRACTOR CONTACT INFORMATION						
PRIME CONTRACTOR CONTA	CT PERSON:					
PRIME CONTRACTOR COMPANY LEGAL NAME:						
PRIME CONTRACTOR STREE	T OR P.O. BOX:					
PRIME CONTRACTOR CITY:		STATE:	ZIP:			
PRIME CONTRACTOR PHONE	C#: (PRI	ME CONTRACTOR EMAI	L:			
FACILITY SITE INFORMATION						
FACILITY SITE NAME: Meridian Regional Airport						
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: 2811A Airport B	lvd South	COUNTY: Lauderda				
			ale ZIP:	39301		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A						
LATITUDE: 32 degrees 19 minutes 58 seconds LONGITUDE: 88 degrees 45 minutes 13 seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth						
LAT & LONG DATA SOURCE	GPS (Please GPS Project Entranc	v/Start Point) or Map Interpolation)	: Google Latti			
TOTAL ACREAGE THAT WIL	L BE DISTURBED 1: 23 F	Acres				
IS THIS PART OF A LARGER	COMMON PLAN OF DEV	ELOPMENT?	YES □	NO 🗵		
IF YES, NAME OF LARGER CO AND PERMIT COVERAC	OMMON PLAN OF DEVE SE NUMBER: MSR10	LOPMENT: -				
ESTIMATED CONSTRUCTION	PROJECT START DATE	D:	2017-09-15 YYYY-MM-DD			
ESTIMATED CONSTRUCTION	PROJECT END DATE:		2018-09-15 YYYY-MM-DD			
DESCRIPTION OF CONSTRUC	CTION ACTIVITY: Exten	sion of Levee and Installat				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Continuation of use as an airport						
SIC Code N	AICS Code					

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MIDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES 🗹	NO □			
IF YES, CHECK ALL THAT APPLY: \Box AIR \Box HAZARDOUS WASTE	□ PRETREATMENT	г			
\square water state operating \square individual npdes	OTHER: USACOE				
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE YES NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)					
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION 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					
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and V	YES 🏻 Water, Dam Safety.)	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.					
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.					
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:)					
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.					
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 WITH WHICH THE PRO	DJECT MUST COMPLY:				
N/A					
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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 Applicant' (owner or prime contractor)

June 29, Z017

Date Signed

President

Tom Williams

Printed Name¹

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