AI #72301 Gnf20170001

MSR10 7 5 2 4

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR ECEIVED	
OWNER CONTACT INFORMATION ALIC 1 6 2017	
OWNER CONTACT PERSON: DANIEL VASSE!	
OWNER COMPANY LEGAL NAME: COAHOMA COUNTY, MS DECI-EPO	-
OWNER STREET OR P.O. BOX: //S FIRST STREET	-
OWNER CITY: CLARKS PALE STATE: MS ZIP: 386/4	-
OWNER PHONE #: (662) 624-3028 OWNER EMAIL: drasse 1@ Cableone. Net	-
PRIME CONTRACTOR CONTACT INFORMATION	
PRIME CONTRACTOR CONTACT PERSON: GARY CHAMBLEE	\neg
PRIME CONTRACTOR CONTACT PERSON: COPPRE CONSTRUCTION CORP.	-
PRIME CONTRACTOR COMPANY LEGAL NAME: 1867 CRANE RIDGE DR STE 200 A	-
Tana	-
	-
PRIME CONTRACTOR PHONE #: (6)362-6/10 PRIME CONTRACTOR EMAIL: gehamblee (benchmark	MG.
FACILITY SITE INFORMATION	
FACILITY SITE NAME: COAHOMA COUNTY JUSTICE FACILITY	-
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: HELL & DESOTO AVE	
CITY: CARKSDALE STATE: MS COUNTY: COAHOMA ZIP: 386 14	-
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A	-
LATITUDE: 34 degrees 10 minutes 49.62 econds LONGITUDE: 90 degrees 33 minutes 7.03 seconds	
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):	
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 9,9	
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES□ NO □	-
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10	-
ESTIMATED CONSTRUCTION PROJECT START DATE: 2017-09-15 YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE: 2019 - 02 - 15 YYYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY: NEW CONSTRUCTION	-
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	
SIC Code / 5 4 2 NAICS Code 23422	-

NEAREST NAMED RECEIVING STREAM: BIB SUI	JFLOWER	RIVER	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF BODIES? (The 303(d) list of impaired waters and TMDL stream http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_	IMPAIRED WATER segments may be found on Daily_Load_Section)	YES□ on MDEQ's web site:	NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING	STREAM SEGMENT?	YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLI WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY ACTIVITY?	C PONDS OR LAKES THAT MAY BE IMPAC	YES□ TED BY THE CONSTE	NO TO
EXISTING DATA DESCRIBING THE SOIL (for linear projects	s please describe in SWPI	PP):	
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN	STORM WATER?	YES□	NO
IF YES, INDICATE THE TYPE OF FLOCCULANT.	ANIONIC POLYACI	RYLIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF IN AND THE LOCATION OF WHERE FLOCCULATED MATER	TRODUCTION, THE L IAL WILL SETTLE?	OCATION OF INTROI YES □	OUCTION NO

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

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES □	NO 🗆
IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	□ PRETREATMEN	T
☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES	□ OTHER:	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for		NO Dents.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PRODOCUMENTATION THAT:	OVIDE APPROPRIAT	E
The project has been approved by individual permit, or		
The work will be covered by a nationwide permit and NO NOTIFICATION to the Company of the C	Corps is required, or	
The work will be covered by a nationwide or general permit and NOTIFICATION to	to the Corps is required	I
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Wa	YES □ ter, Dam Safety.)	NO 🗖
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.	WWILL SANITARY SI	EWAGE
Existing Municipal or Commercial System. Please attach plans and specifications for associated "Information Regarding Proposed Wastewater Projects" form or approve Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) recollection and treatment that the flows generated from the proposed project can and properly. The letter must include the estimated flow.	al from County Utility A ons can not be provided esponsible for wastewat	uthority in at the time ter
☐ Collection and Treatment System will be Constructed. Please attach a copy of the copermit from MDEQ or indicate the date the application was submitted to MDEQ (D	over of the NPDES disch	narge)
☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. of General Acceptance from the Mississippi State Department of Health or certificate engineer that the platted lots should support individual onsite wastewater disposal states.	tion from a registered p	the Letter professional
☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lo feasibility of installing a central sewage collection and treatment system must be maresponse from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should supplications are systems.	de by MDEQ. A copy of a collection and wastewn are State Department of	of the ater system Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJE		

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 fignificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant (owner or prime contractor)

Date Signed

GARY

CHAMBLEE

Title

Printed Name

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

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 ____ County



The state of the s

(Fill in your Certificate of Coverage Number and County)

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they 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 severable 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 CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: GARY CHAMBLE EPHONE NUMBER: 601 832-6200
PRIME CONTRACTOR COMPANY: BENCHMARK CONSTRUCTION CORP.
PRIME CONTRACTOR STREET (P.O. BOX): 1867 CRANE RIDGE DR. STE ZOOA
PRIME CONTRACTOR CITY: ACKSON STATE: MS ZIP: 39214
E-MAIL ADDRESS: gchamblee (a) benchmarkms.com
OWNER INFORMATION
OWNER CONTACT PERSON: DANIEL VASSEL PHONE NUMBER: (6) 624 - 3028
OWNER COMPANY NAME: duassel @ cableone. net
PROJECT INFORMATION
PROJECT NAME: COAHOMA COUNTY JUSTICE FACILITY
DESCRIPTION OF CONSTRUCTION ACTIVITY: NEW CONSTRUCTION OF JUSTICE
COURT & SHERRIFF OFFICES WITH A SEPARATE DETENTION FACILITY
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)
STREET: HAVE TO DESOTO AVE
CITY: CLARKS DALE COUNTY: COAHDMA
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 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 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 CE RESIDENT
This man is a state of the stat

pplication 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.

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225