



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the 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 severable responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- · Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow
- · Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

MSR10 7 5 6 6

LINIE CONTRACT	UMBER TO BE ASSIGNED BY S
OWNER CONTACT YOU	
OWNER CONTACT INFORMATION OWNER CONTACT PERSON: Leon Long	N
OWNER COMPANY LEGAL NAME	
OWNER COMPANY LEGAL NAME: OWNER STREET OR P.O. BOX: 8 Estate Drive	
OWNER CITY: Long Beach	
OWNER DATE: MS	20500
OWNER CITY: Long Beach OWNER PHONE #: (228) 860-4101 OWNER EMAIL: leonlong	ZIb: 29200
PRIME CONTRACTOR	Jegodbieoffe.flet
PRIME CONTRACTOR CONTACT INFORM	IATION
- TOTAL LINE AND DEDCOM	
PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX:	
PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR CITY:	
PRIME CONTRACTOR CITY:STATE.	
PRIME CONTRACTOR CITY:STATE: PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR FAM:	ZIP:
SOUTH ACTOR EM	IAIL:
FACILITY SITE INFORMATION	
ACILITY SITE NAME: Dorothy Lane Estates	
FACILITY SITE ADDRESS (If the physical address is not a property of the	
multidate tile peginning of al.	
Company of the project and identify all counties the project traverses	earest named road. For linear project
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the neindicate the beginning of the project and identify all counties the project traverses.) STREET: Klondyke Road CITY: Long Beach	earest named road. For linear project
CITY: Long Beach STATE: MS	
CITY: Long Beach STATE: MS COUNTY: Harrison	n 71P-39560
CITY: Long Beach STATE: MS COUNTY: Harrison FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 30 degrees 22 minutes 32 seconds 1822 200	n ZIP: 39560
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CITY: Long Beach STATE: MS COUNTY: Harrison FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 30 degrees 22 minutes 32 seconds LONGITUDE: 89 degrees 1 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation, 10 or Ma	Description

NEAREST NAMED RECEIVING STREAM: Canal No	0. 2/3	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LI BODIES? (The 303(d) list of impaired waters and TMDL http://www.deq.state.ms.us/MDEQ.nsf/page/TWB Total Magnetic Magne	IST OF IMPAIRED WATER Stream segments may be found on MDEQ's we	□ NO☑ b site:
ARE THERE DECREATION	IVING STREAM SEGMENT? YES	
ARE THERE RECREATIONAL STREAMS, PRIVATE/WITHIN ½ MILE DOWNSTREAM OF PROJECT BOU	PUBLIC PONDS OR LAKES NDRY THAT MAY BE IMPACTED BY THE	NO O
EXISTING DATA DESCRIBING THE SOIL (for linear patential loamy sand	projects please describe in SWPPP):	and the state of t
WILL FLOCCULANTS BE USED TO TREAT TURBIDI	TY IN STORM WATERS	
WILL FLOCCULANTS BE USED TO TREAT TURBIDI IF YES, INDICATE THE TYPE OF FLOCCULANT.		NOBL

Acreage 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

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)

Leon Long

Printed Name¹

Owner

Title

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

(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 By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the 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 any person who causes pondulon of waters of the state of places waste in a location where they are fixely to cause p the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME	CONTRACTOR DATE OF THE PROPERTY OF THE PROPERT
PRIME CONTRACTOR CONT	CONTRACTOR INFORMATION
PRIME CONTROL OF	PHONE NUMBER: ()
RIME CONTRACTOR COMPANY:	THONE NUMBER: ()
FRIME CONTRACTOR STREET (P.O. BOY)	
PRIME CONTRACTOR CITY:	
E MAII ADD	STATE.
	WNER INFORMATION
OWNER CONTACT PERSON:	OKMATION
OWNER COMPANY NAME:	PHONE NUMBER: ()
PRO	DIECT INFORMATION
PROJECT NAME;	
PROJECT NAME: DESCRIPTION OF CONSTRUCTION ACTIVITY	Y:
PHYSICAL SITE ADDRESS (If the physical addres ndicate the beginning of the project and identify all TREET:	es is not available indicate the nearest named road. For linear projects, counties the project traverses.)
TITY:	COUNTY:
	COUNTY:
ermit. I further certify under penalty of law that this docu coordance with a system designed to assure that qualified formation of the person or persons who manages the	I will comply with all the requirements in the above referenced general NPDES ument and all attachments were prepared under my direction or supervision in personnel properly gathered and evaluated the information submitted. Based on the information, the submitted information, the selief, true, accurate and complete. I am aware that there are significant submitted information.
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eon Long	Date Signed
nted Name	
	Title
s application shall be signed as follows: For a corporation, by a responsible corporate officer.	This Prime Contractors Certification 5
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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.

This Prime Contractors Certification form shall be submitted to:

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