

## MSR10 7 5 8 2 (NUMBER TO BE ASSIGNED BY STATE)

| ADDITION                             |                         |  | R TO BE ASSIGNE          | D BY ST      |
|--------------------------------------|-------------------------|--|--------------------------|--------------|
| APPLICANT IS THE:                    | <b>✓</b> OWNER          | PRIME CONTRACTOR                             | S. C.                    |              |
|                                      | OWNER C                 | ONTACT INFORMATION                           | NOV 98                   | 2017         |
| OWNER CONTACT PERSON                 | Jeffery I. Sims         |  | MDF                      | D            |
| OWNER COMPANY LEGAL                  | NAME: Safari Tin        | nberlands LLC                                |                          |              |
| OWNER STREET OR P.O. BO              | X: 56 Pavilion D        | Prive  |                          |              |
| 4.4 4.4                              |                         |  | 3                        | 9402         |
| OWNER PHONE #: (601) 7               | 88-7661                 | STATE: MS OWNER EMAIL: jeffsims41@           | gmail.com                | 0402         |
|                                      |                         | TOR CONTACT INFORMATI                        |                          |              |
| PRIME CONTRACTOR CONT                | ACT PERSON. Sa          | ame As Above                                 | ION                      |              |
| PRIME CONTRACTOR COMP                | ANY LEGAL NAM           | 1E:  |                          |              |
| PRIME CONTRACTOR STREE               | ET OR P.O. BOX          |  |                          |              |
| PRIME CONTRACTOR CITY:               |                         | STATE:                                       |                          |              |
| PRIME CONTRACTOR PHON                | F.#• ( )                | PRIME CONTRACTOR EMAIL                       | ZIP:                     |              |
|                                      |                         | TRIME CONTRACTOR EMAIL                       | •                        |              |
|                                      | FACILITY                | SITE INFORMATION                             |                          |              |
| FACILITY SITE NAME: Manda            |                         |  |                          |              |
| STREET. J. Ed Turner Ro              | ad                      |  | st named road. For lin   | near project |
| CITY: Hattiesburg                    | STATE: MS               | COUNTY: Lamar                                | 710                      | 30400        |
| FACILITY SITE TRIBAL LAND            | ID (N/A If not appl     | licable). N/A                                | ZIP                      | 39402        |
| LATITUDE: 31 degrees 20 m            | inutes 42 seconds       | LONGITUDE: 89 degrees 23                     | 32                       |              |
| LAT & LONG DATA SOURCE               | GPS (Please GPS Project | Entrance/Start Point) or Map Interpolation): | Minutes secon            | ds           |
| TOTAL ACREAGE THAT WILL              | RF DISTURBED            | . 14 Acres                                   | nap interpolation        |              |
| S THIS PART OF A LARGER C            |                         |  |                          |              |
| F YES, NAME OF LARGER CO.            | MMON DI AN ORI          | The Communit                                 | YES 🗹                    | NO [         |
| AND PERMIT COVERAGE                  | E NUMBER: MSR10         | DEVELOPMENT: THE COMMUNIC                    | y or Greystone           |              |
| ESTIMATED CONSTRUCTION PROJECT START |                         | DATE:  | 2017-11-15               |              |
| ESTIMATED CONSTRUCTION PROJECT END D |                         |  | YYYY-MM-DD               |              |
|                                      |                         | TE:  | 2018-03-15<br>YYYY-MM-DD |              |
| ESCRIPTION OF CONSTRUCT              | ION ACTIVITY I          | Road Construction and grading for a          | a proposed subdivi       | sion         |
| THE PROPERTY OF CONSTRUCT            | ION ACTIVITY:           | and grading to                               |                          |              |
|                                      | DODEDTY LICE AT         | FTER CONSTRUCTION HAS BEEN                   |                          | 31011        |

| NEAREST NAMED RECEIVING STREAM: Mineral Creek and Mixon's Creek  |                               |      |
|--|-------------------------------|------|
| IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found | YES□<br>d on MDEQ's web site: | NO☑  |
| ARE THERE DECEN ABLISHED FOR THE RECEIVING STREAM SEGMENT?   | YES□                          | NO☑  |
| THAT MAY BE IMPA   | CTED BY THE CONS              | NO   |
| EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWF  |                               |      |
| prease describe in SWI   | PPP):                         |      |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?  IF YES, INDICATE THE TYPE OF FLOCCULANTS  | YES□                          | NOZ  |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?  IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYAC OTHER                          | YES□                          | NO Z |

<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

18.

| IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?  | ŒSSED   |
|---|---|
| WILL REQUIRE OTHER PERMITS?   |   |
| IF YES, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE   | YES NO E  |
| ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES  | PRETREATMENT  |
| IS THE PROJECT DEPOSITION   | OTHER:  |
| by Englishers Regulatory Branch   | for permitting requirements.)   |
| IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PLOCUMENTATION THAT:  | ROVIDE APPROPRIATE  |
| The project has been approved by individual permit, or  |   |
| The work will be covered by a nationwide permit and NO NOTIFICATION to the  |   |
| The work will be covered by a potional !!   | Corps is required, or   |
| The work will be covered by a nationwide or general permit and NOTIFICATION  IS A LAKE REQUIDING THE CONTROL  | to the Corps is required  |
| (If yes, provide appropriate approval documentation from MDEO Office of Landard W.  | YES 🗆 NO 🖸  |
| F THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW DISPOSED? Check one of the following and attach the pertinent documents.  | WILL SANITADY SEWACE  |
| Existing Municipal or Commercial System. Please attach plans and specifications of associated "Information Regarding Proposed Wastewater Projects" form or approve of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) reproperly. The letter must include the estimated flow.  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. Individual Onsite Wastewater Disposed Systems of Status and Status | ons can not be provided at the tinesponsible for wastewater will be transported and treated ver of the NPDES discharge ate:)                            |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. of General Acceptance from the Mississippi State Department of Health or certificat engineer that the platted lots should support individual onsite wastewater disposal sy  | stems a registered professiona  |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lo feasibility of installing a central sewage collection and treatment system must be made 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 suppose is systems.  | ts. A determination of the le by MDEQ. A copy of the collection and wastewater system a State Department of Health or lort individual onsite wastewater |
| DICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJEC  | CT MUST COMPLY:   |
|   |   |
|   |   |
|   |   |

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)

1)-3-2017 Date Signed

Member/Manager

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

Please submit the LCNOI form to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

Jackson, Mississippi 39225

## PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10

For a partnership, by a general partner.

officer, mayor, or ranking elected official.

For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive

County Lamar

(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 CONTE   | RACTOR INFORMATION   |
|---|--|
| PRIME CONTRACTOR CONTACT PERSON: Jeffer PRIME CONTRACTOR COMPANY: Safari Timber   | y I. Sims  PHONE NUMBER: (601) 788-7661  |
| PRIME CONTRACTOR STREET (P.O. BOX): 56 Par<br>PRIME CONTRACTOR CITY: Hattiesburg<br>E-MAIL ADDRESS: jeffsims41@gmail.com  | vilion Drive  STATE: MS ZIP: 39402   |
| OWNER   | RINFORMATION   |
| OWNER CONTACT PERSON: Same As Above OWNER COMPANY NAME:   | PHONE NUMBER: ()   |
| PROJECT NAME: Mandalay Villas   | TINFORMATION   |
|   | ad Construction and grading for a proposed subdivision tavailable indicate the nearest named road. For linear projects, es the project traverses.) |
| Hattiochura   | DUNTY: Lamar   |
| my inquiry of the person or persons who manage the system, or the information submitted is, to the best of my knowledge and belief, to be best of my knowledge and belief, to | Date Signed  Member / Manager  Title   |
| For a corporation, by a responsible corporate officer.  | This Prime Contractors Certification form shall be submitted to:   |

Chief, Environmental Permits Division

P.O. Box 2261

Jackson, Mississippi 39225

MS Department of Environmental Quality, Office of Pollution Control

Revised: 10/25/16