



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 requirements
- 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)

| OWNER CONTACT INFORMAT | TION | | |
|---|---|--|---------------------|
| OWNER CONTACT PERSON: Steve Allen | | | |
| OWNER COMPANY LEGAL NAME: Artemis HIP Craft Road II, LLC | | | |
| OWNER STREET OR P.O. BOX: 11618 Edgemere Drive | | | |
| OWNER CITY: Jacksonvile STATE: FL | | ZIP: 3222 | 3 |
| OWNER PHONE #: (904) 714.8043 OWNER EMAIL: salle | n@huntingtonindus | strial.com | |
| PRIME CONTRACTOR CONTACT INF | | | |
| PRIME CONTRACTOR CONTACT PERSON: Levy Harris | | | |
| PRIME CONTRACTOR COMPANY LEGAL NAME: L&T Construction | on Inc. | | |
| PRIME CONTRACTOR STREET OR P.O. BOX: 2170 Hwy 51 Suite | | | |
| PRIME CONTRACTOR CITY: Hernando STATE: | MS | ZIP: | 38632 |
| PRIME CONTRACTOR PHONE #: (662) 429-7335 PRIME CONTRACT | OR EMAIL: lev | y@call-LT.com | |
| TRINE CONTINUE TO THE TOTAL OF | | | |
| FACILITY SITE INFORMATI | ON | | |
| | | | |
| FACILITY SITE NAME: Whitebrook Commercial Park, Section 'B' | | a manipus, philips deligner to the first stagged the latter of the stagged to the staged to the stagged to the | |
| FACILITY SITE NAME: Whitebrook Commercial Park, Section 'B' FACILITY SITE ADDRESS (If the physical address is not available, please indicindicate the beginning of the project and identify all counties the project traverses.) | cate the nearest nam | ned road. For line | ear projects |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road | | and the second s | |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY | | and the second s | ear projects |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A | Y: DeSoto | ZIP: | 38654 |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 | Y: DeSoto degrees 52 min | ZIP: | 38654 |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A | Y: DeSoto degrees 52 min | ZIP: | 38654 |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 | Y: DeSoto degrees 52 min | ZIP: | 38654 |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map | Y: DeSoto degrees 52 min | ZIP: | 38654 ds |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map TOTAL ACREAGE THAT WILL BE DISTURBED 1: 29.97 | Y: DeSoto degrees 52 min | ZIP: nutes 15 secondinterpolation | 38654 ds |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map TOTAL ACREAGE THAT WILL BE DISTURBED 1: 29.97 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES NAME OF LARGER COMMON PLAN OF DEVELOPMENT: | Y: DeSoto degrees 52 min | ZIP: nutes 15 secondinterpolation | 38654 ds NO & |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicindicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map TOTAL ACREAGE THAT WILL BE DISTURBED 1: 29.97 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: ESTIMATED CONSTRUCTION PROJECT END DATE: | Y: DeSoto degrees 52 mil | ZIP: nutes 15 second Interpolation YES 2018-06-15 | 38654 ds |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicindicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map TOTAL ACREAGE THAT WILL BE DISTURBED 1: 29.97 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: | Y: DeSoto degrees 52 mil | ZIP: nutes 15 second Interpolation YES 2018-06-15 YYYY-MM-DE 2019-06-30 | 38654 ds |
| FACILITY SITE ADDRESS (If the physical address is not available, please indicindicate the beginning of the project and identify all counties the project traverses.) STREET: Northwest corner of the intersection of Whitecrest Drive and Frontage Road CITY: Olive Branch STATE: MS COUNTY FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 34 degrees 58 minutes 55 seconds LONGITUDE: 89 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map TOTAL ACREAGE THAT WILL BE DISTURBED 1: 29.97 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: ESTIMATED CONSTRUCTION PROJECT END DATE: | Y: peSoto degrees 52 min Interpolation): Map | ZIP: nutes 15 second Interpolation YES 2018-06-15 YYYY-MM-DE 2019-06-30 YYYY-MM-DE | 38654 ds |

| The state of the s | ary to John's Creek, which is on Tennesse | YES | NO☑ |
|--|--|-----------------------|-------------|
| IS RECEIVING STREAM ON MISSISSIPPT'S 303(a) LIS BODIES? (The 303(d) list of impaired waters and TMDL st | ream segments may be tound on t | ADEQ's web site: | |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEIV | ING STREAM SEGMENT? | YES□ | NO |
| ARE THERE RECREATIONAL STREAMS, PRIVATE/P WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUN | LIBLIC BONDS OF LAKES | YES D D BY THE CONST | NO TRUCTION |
| ACTIVITY? | | | |
| EXISTING DATA DESCRIBING THE SOIL (for linear pi | rojects please describe in SWPPP) | | |
| | The second secon | YES | NO |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDI | TY IN STORM WATER? | | ,102 |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDITIES, INDICATE THE TYPE OF FLOCCULANT. | IY IN STORM WATER? ☐ ANIONIC POLYACRY ☐ OTHER | LIMIDE (PAM) | |
| | ☐ ANIONIC POLYACRY ☐ OTHER OF INTRODUCTION, THE LOC | | |

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 | □ PRETREATMENT |
| ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES | OTHER: |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAN OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch | NCE YES NO NO for permitting requirements.) |
| IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, P DOCUMENTATION THAT: | PROVIDE APPROPRIATE |
| The project has been approved by individual permit, or | |
| The work will be covered by a nationwide permit and NO NOTIFICATION to th | e Corps is required, or |
| The work will be covered by a nationwide or general permit and NOTIFICATIO | |
| 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 NO |
| IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOBE DISPOSED? Check one of the following and attach the pertinent documents. | OW WILL SANITARY SEWAC |
| Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or app Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specific of LCNOI submittal, MDEQ will accept written acknowledgement from official(scollection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow. | ations can not be provided at the s) responsible for wastewater and will be transported and trea |
| 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 MDEQ | Z (Date) |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Less of General Acceptance from the Mississippi State Department of Health or certificengineer that the platted lots should support individual onsite wastewater dispose | |
| 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 cer is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should disposal systems. | 5 Lots. A determination of the made by MDEQ. A copy of the ntral collection and wastewater s m the State Department of Healt support individual onsite wastev |
| INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PRO | OJECT MUST COMPLY: |
| INDICATE ANT ECCAE STORM | |

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)

5/10/18 Date Signed

David J. McDaniel

Printed Name¹

Authorized Representative

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 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 IN | NFORMATION | | |
|--|--|--|--|
| PRIME CONTRACTOR CONTACT PERSON: Levy Harris | PHONE NUM | PHONE NUMBER: (662) 429-7335 | |
| PRIME CONTRACTOR COMPANY: L&T Construction Inc. | | | |
| 2170 Hwy 51 Suite | e #1 | | |
| PRIME CONTRACTOR STREET (P.O. BOX): 2170 Hwy 51 Suite | | 00000 | |
| PRIME CONTRACTOR CITY: Hernando | STATE: MS | ZIP: 38632 | |
| E-MAIL ADDRESS: levy@call-LT.com | | | |
| OWNER INFORM | IATION | | |
| OWNER CONTACT PERSON: Steve Allen | PHONE NUMBER: (| 904) 714-8043 | |
| OWNER COMPANY NAME: Artemis HIP Craft Road LLC | | | |
| PROJECT INFORM | MATION | | |
| PROJECT NAME: Whitebrook Commercial Park Section B | | | |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: Sitework | | | |
| PHYSICAL SITE ADDRESS (If the physical address is not available | indicate the nearest named re | and For linear projects. | |
| indicate the beginning of the project and identify all counties the project | ect traverses.) | | |
| STREET: Northwest corner of the intersection of Whitecrest Dr. | and Frontage Rd. | | |
| CITY: Olive Branch COUNTY: | | | |
| I certify that I am the prime contractor for this project and will comply with permit. I further certify under penalty of law that this document and all atta accordance with a system designed to assure that qualified personnel properl my inquiry of the person or persons who manage the system, or those person information submitted is, to the best of my knowledge and belief, true, accura penalties for submitting false information, including the possibility of fine and Prime Contractor Signature. | y gathered and evaluated the inf s directly responsible for gatheri | ormation submitted. Based or ng the information, the at there are significant lations. | |
| Levy Harris | President | And an all the space of the state of the sta | |
| Printed Name ¹ | Title | | |

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.

This Prime Contractors Certification form shall be submitted to:

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