

AI #73992
Gnp20180001

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JUL 16 2018

Dept. of Environmental Quality

MSR10 7 7 6 8

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:

☒ OWNER ☐ PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON:

Jimmy Eubanks or Mike Bailey

OWNER COMPANY LEGAL NAME:

EBI, LLC

OWNER STREET OR P.O. BOX:

498 West Bankhead St.

OWNER CITY:

New Albany

STATE:

MS

ZIP: 38652

OWNER PHONE #:

(901) 488-9803

OWNER EMAIL:

Mike Bailey

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON:

Same

PRIME CONTRACTOR COMPANY LEGAL NAME:

PRIME CONTRACTOR STREET OR P.O. BOX:

PRIME CONTRACTOR CITY:

STATE:

ZIP:

PRIME CONTRACTOR PHONE #:

PRIME CONTRACTOR EMAIL:

FACILITY SITE INFORMATION

FACILITY SITE NAME:

CARELWOOD SUBDIVISION

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:

Amber Circle - School House Road

CITY:

Byhalia

STATE:

MS

COUNTY:

MARSHALL

ZIP: 38611

FACILITY SITE TRIBAL LAND ID (N/A If not applicable):

N/A

LATITUDE: 34 degrees 54 minutes 22 seconds

LONGITUDE: 89 degrees 41 minutes 55 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):

GPS

TOTAL ACREAGE THAT WILL BE DISTURBED 1:

35 AC

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: July 2018

2018-7-15
YYYY-MM-DD

ESTIMATED CONSTRUCTION PROJECT END DATE: Dec - 2018

2018-12-25
YYYY-MM-DD

DESCRIPTION OF CONSTRUCTION ACTIVITY: Grading on lots for home construction

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:

RESIDENTIAL HOMES

SIC Code ☐ ☐ ☐ ☐

NAICS Code ☐ ☐ ☐ ☐ ☐ ☐

NEAREST NAMED RECEIVING STREAM: Colowater River

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 on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.asp?page/TWB_Total_Maximum_Daily_Load_Section) YES ☐ NO ☒

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES ☐ NO ☒

ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY? YES ☐ NO ☒

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):
SILT CLAY LOAM -

WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? YES ☐ NO ☒

IF YES, INDICATE THE TYPE OF FLOCCULANT. ☐ ANIONIC POLYACRYLAMIDE (PAM)
☐ OTHER _____

IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE? YES ☐ NO ☐

¹ 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

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 CONVEYANCE
OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) YES ☐ NO ☒

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 Water, Dam Safety.) YES ☐ 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. *Byhalia, MS*
- ☐ 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 PROJECT MUST COMPLY:

FACILITY SITE INFORMATION

FACILITY SITE NAME: CREEK WOOD
 CONTACT NAME & POSITION: Joe Lauderdale - ENGINEER
 CONTACT PHONE NUMBER: (901) 494-2484
 FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: SCHOOL HOUSE ROAD - AMBER CIRCLE
 CITY: Byhalia COUNTY: MARSHALL ZIP: 38611
 PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 34 degrees 54 minutes 22 seconds LONGITUDE: 89 degrees 41 minutes 55 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GPS
 TOTAL ACREAGE DISTURBED: 35 ESTIMATED CONSTRUCTION PROJECT END DATE: YYYY-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? ☒ YES ☐ NO
2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPs TO EFFECTIVELY CONTROL THEM? ☒ YES ☐ NO
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))? ☐ YES ☒ N.A. ☐ NO
4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? ☒ YES ☐ NO
5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BE INITIATED IMMEDIATELY WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT5, T-4 (1)), INSTEAD OF 7 DAYS AS REQUIRED BY THE PREVIOUS PERMIT? ☒ YES ☐ NO

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 fines and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the renewed Large Construction Storm Water General Permit and certify the SWPPP for this project has been modified to incorporate these changes.

Joe Lauderdale
 Signature¹
Joe Lauderdale
 Printed Name¹

7-1-18
 Date Signed
ENGINEER
 Title

¹This application for re-coverage shall be signed according to ACT11, T-7 of the General Permit, 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.

After signing please mail to:

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

Revised: 02/28/2017

CREEK WOOD SUBDIVISION

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)

JW Enbanks Jr
Printed Name

Date Signed

7/8/18

[Signature]

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 LCN01 form to:

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

