AI #74103
GNP20180001

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BY:

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 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)

MSR10 7 7 7 9

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☑ OWNER ☑ PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Bruce Kelly

OWNER COMPANY LEGAL NAME: Trend Consultants, LLC

OWNER STREET OR P.O. BOX: 125 Fountains Blvd.

OWNER CITY: Madison **STATE:** MS **ZIP:** 39110

OWNER PHONE #: (601) 499-0899 **OWNER EMAIL:** brucekelly39120@yahoo.com

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Bruce Kelly

PRIME CONTRACTOR COMPANY LEGAL NAME: Trend Consultants, LLC

PRIME CONTRACTOR STREET OR P.O. BOX: 125 Fountains Blvd.

PRIME CONTRACTOR CITY: Madison **STATE:** MS **ZIP:** 39110

PRIME CONTRACTOR PHONE #: (601) 499-0899 **PRIME CONTRACTOR EMAIL:** brucekelly39120@yahoo.com

FACILITY SITE INFORMATION

FACILITY SITE NAME: Skilled Nursing 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: Bozeman Road

CITY: Madison STATE: MS COUNTY: Madison ZIP: 39110

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

LATITUDE: 32 **degrees** 29 **minutes** 35 **seconds** **LONGITUDE:** 90 **degrees** 08 **minutes** 21 **seconds**

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

TOTAL ACREAGE THAT WILL BE DISTURBED [1]: 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: 2018-8-01 (YYYY-MM-DD)

ESTIMATED CONSTRUCTION PROJECT END DATE: 2020-7-01 (YYYY-MM-DD)

DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of skilled nursing facility.

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
Medical Care Facility - Nursing Home

SIC Code ____ **NAICS Code** _____

NEAREST NAMED RECEIVING STREAM: Bear 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 on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/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 ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY? YES☐ NO☑

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):
Silty Clay (CL)

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

IF YES, INDICATE THE TYPE OF FLOCCULANT.
☐ ANIONIC POLYACRYLIMIDE (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 ft^2 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.**

☐ **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:

_____

_____

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.

Bruce Kelly

Signature of Applicant[1] (owner or prime contractor)

7-16-18

Date Signed

Bruce Kelly

Printed Name[1]

OWNER, CEO

Title

[1]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
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)

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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: Bruce Kelly **PHONE NUMBER:** (601) 499-0899

PRIME CONTRACTOR COMPANY: Trend Consultants, LLC

PRIME CONTRACTOR STREET (P.O. BOX): 125 Fountains Blvd.

PRIME CONTRACTOR CITY: Madison **STATE:** MS **ZIP:** 39110

E-MAIL ADDRESS: brucekelly39120@yahoo.com

OWNER INFORMATION

OWNER CONTACT PERSON: Bruce Kelly **PHONE NUMBER:** (601) 499-0899

OWNER COMPANY NAME: Trend Consultants, LLC

PROJECT INFORMATION

PROJECT NAME: Skilled Nursing Facility - Madison MS

DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of a skilled nursing 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: Bozeman Road

CITY: Madison **COUNTY:** Madison

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.

Bruce Kelley

Prime Contractor Signature[1]

7-16-2018

Date Signed

Bruce Kelly

Printed Name[1]

owner, CEO

Title

[1]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

Revised: 10/25/16