



APPLICANT IS THE: OWNER PRIME CONTRACTOR
OWNER CONTACT INFORMATION
OWNER CONTACT PERSON: ROBERT BRANKSTONE
OWNER COMPANY LEGAL NAME: WAVELLY PLACE LLC
OWNER STREET OR P.O. BOX: P.O. BOX BGB
OWNER CITY: HELNAND STATE: MS ZIP: 3863Z
OWNER PHONE #: (901) 351 · 8118 OWNER EMAIL:
PRIME CONTRACTOR CONTACT INFORMATION
PRIME CONTRACTOR CONTACT PERSON:
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: WAVELY PLACE
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: DAN BROJE AND RISING SUN ROAD CITY: HEANAWOO STATE: MS COUNTY: DESOTO ZIP: 3663Z
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):
LATITUDE: 34 degrees 49 minutes 00 seconds LONGITUDE: 89 degrees 04 minutes 16 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Desdo lo, GIS
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 15 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: 2018-9-1 YYYY-MM-DD
ESTIMATED CONSTRUCTION PROJECT END DATE:  2019 - 9 - 1 YYYY-MM-DD
DESCRIPTION OF CONSTRUCTION ACTIVITY: RESDENTING LOT DEVELOPMENT
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
SIC Code NAICS Code

NEAREST NAMED RECEIVING STREAM: HURRICANE CLECK	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER  YEST NO 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)	<b>_</b>
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES□ NO	其
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES NO WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCT ACTIVITY?	ON
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): 512T CLAY LOAM	
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 INTRODUCT AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE? YES ☐ NO	ION

<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

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	
YES Z	NO 🗆
IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE PRETREAT	
□ WATER STATE OPERATING ☑ INDIVIDUAL NPDES □ OTHER:	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE  YES  OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting req	NO Z
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROP DOCUMENTATION THAT:	'RIATE
The project has been approved by individual permit, or	
<ul> <li>The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required.</li> </ul>	, or
<ul> <li>The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is re-</li> </ul>	quired
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED?  YES   (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.)	NO
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITA BE DISPOSED? Check one of the following and attach the pertinent documents.	RY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specifications for the collection s associated "Information Regarding Proposed Wastewater Projects" form or approval from County U Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be proof LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for was collection and treatment that the flows generated from the proposed project can and will be transport properly. The letter must include the estimated flow.	tility Authority in ovided at the time
Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:	discharge
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a coof General Acceptance from the Mississippi State Department of Health or certification from a registe engineer that the platted lots should support individual onsite wastewater disposal systems.	py of the Letter ered professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determinat feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A response from MDEQ concerning the feasibility study must be attached. If a central collection and w is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department certification from a registered professional engineer that the platted lots should support individual on disposal systems.	copy of the astewater system
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMI	PLY:
7	

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.

Robert M. Branks
Signature of Applicant (owner or prime contractor)

8-/-/8 Date Signed

Partner

Robert M. BRAWKSTONE

Titla

Printed Name<sup>1</sup>

<sup>1</sup>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