## AI#57792 6 NP20180001



MSR10 <u>7823</u>

BY:\_\_\_\_

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:						
OWNER CONTACT INFORMATION						
OWNER CONTACT PERSON: KOgers W. King						
OWNER COMPANY LEGAL NAME: Southwest Dev. Corp. Inc. D/B/A Tayette Race way						
OWNER STREET OR P.O. BOX: 160 + Redeo						
OWNER CITY: Fayette STATE: MISS ZIP: 39069						
OWNER PHONE #: (Last) 786-3955 OWNER EMAIL: rKing & Mehha. Com						
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 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.)						
STREBT: 6311-2 Hwy 61 South CITY: Fayette STATE: M5 COUNTY: Jefferson ZIP:39069						
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):						
LATITUDE:degrees minutes seconds LONGITUDE:degrees minutes seconds						
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):						
TOTAL ACREAGE THAT WILL BE DISTURBED 1:						
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:						
ESTIMATED CONSTRUCTION PROJECT END DATE:						
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DESCRIPTION OF CONSTRUCTION ACTIVITY:						
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED;						
SIC Code NAICS Code						

## 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 LO	NOI FOR A FACILITY T	HAT WILL REC	<b>UIRE OTHER PE</b>	RMITS?		
			•		YES 🗆	NO 💯
IF YI	S, CHECK ALL THAT A	PPLY: 🗆 AIF	e 🗆 Hazari	OOUS WASTE	PRETREATMEN	T .
	□ WATER STATE OPE	RATING	□ INDIVIDUAL N	PDES	OTHER:	
IS TH OF A	E PROJECT REROUTING NY KIND? (If yes, contact	G, FILLING OR the U.S. Army C	CROSSING A WA	TER CONVEYANCE Regulatory Branch for p	YKS 🗖 · ermitting requireme	NO Perents.)
DOC	E PROJECT REQUIRES UMENTATION THAT:	A CORPS OF E	ngineer sectio	N 404 PERMIT, PROV	DE APPROPRIAT	E
•	The project has been appro	oved by individu	al permit, or			
•	The work will be covered i	by a nationwide p	ermit and NO NOT	IFICATION to the Cor	os is required, or	
•	The work will be covered b	y a nationwide o	r general permit an	d NOTIFICATION to the	10 Corps is required	1
IS A ? (If ye	AKE REQUIRING THE ( , provide appropriate appr	CONSTRUCTIO oval documentat	N OF A DAM BET ion from MDEQ Ci	(G PROPOSED? fice of Land and Water,	YES 🗆 Dam Safety.)	NO 🖳
IF TH BE D	E PROJECT IS A SUBDIV SPOSED? Check one of th	VISION OR A Co e following and a	OMMERCIAL DEV	/ELOPMENT, HOW W documents.	ILL SANITARY SI	EWAGE
	Existing Municipal or Conassociated "Information Rancock, Harrison, Jackson, of LCNOI submittal, MDE collection and treatment the properly. The letter must is	egarding Propose Pearl River and St Q will accept wr ast the flows gene	ed Wastewater Proj one Counties. If the itten acknowledgen grated from the proj	ects" form or approval f plans and specifications ent from official(s) resp	rom County Utility A can not be provided onsible for wastewat	uthority in at the time ter
	Collection and Treatment : permit from MDEQ or ind	System will be Co icate the date the	onstructed. Please a e application was su	ttach a copy of the cover bmitted to MDEQ (Date	of the NPDES disch	narge )
	Individual Onsite Wastewa of General Acceptance from engineer that the platted lo	m the Mississippi	State Department	of Health or certification	from a registered p	the Letter rofessional
	Individual Onsite Wastews feasibility of installing a ceresponse from MDEQ concis not feasible, then please a certification from a register disposal systems.	ntral sewage coll terning the feasil attach a copy of t	ection and treatmer sility study must be the Letter of Genera	t system must be made l attached. If a central co Il Accentance from the S	y MDEQ. A copy o llection and wastew: tate Department of l	of the ater system Health or
INDI	CATE ANY LOCAL STOR	M WATER ORI	DINANCE WITH V	/нісн тне рројест	MUST COMPLY:	
		···				
					<u> </u>	

IS RECEIVING STREAM ON MISSISSIPPLYS 303(4) LIS	T OF IMPAIRED WATER	YES□	NO.
BODIES? (The 303(d) list of impaired waters and TMDL s http://www.dcq.state.ms.us/MDEQ.nsf/page/TWB_Total_Max	tream segments may be found on timum_Daily_Load_Section)	MDEQ's web site:	
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVE	/ING STREAM SEGMENT?	YES□	Мо□
ARE THERE RECREATIONAL STREAMS, PRIVATE/P WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUN	WBLIC PONDS OR LAKES	YES O	NOCTION
ACTIVITY?	DKI MAI BELWACI	ED BY THE COMP	IRUCIION
ACTIVITY? EXISTING DATA DESCRIBING THE SOIL (for linear pr			TRUCTION
ACIIVILI!	rojects please describe in SWPPP		NO□
EXISTING DATA DESCRIBING THE SOIL, (for linear pr	rojects please describe in SWPPP	): Yes□	

<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.

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)

Date Signed

Printed Name

Tit

<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

NATCHEZ, MS 39120



## DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

Name History		
Name	Name Type	
SOUTHWEST DEVELOPME	Legal	
Business Information		
Business Type:	Non Profit Corporation	
Business ID:	626263	
Status:	Good Standing	
Effective Date:	10/06/1994	*.
State of Incorporation:	Mississippi	
Principal Office Address:		
a s	4	
Registered Agent		
Name		
ROGERS KING		
105 SPRING ST		
FAYETTE, MS 39069		
Officers & Directors	,	
Name	Title	
JACKIE H HINTON		
207 S COMMERCE ST	<b></b>	W T
NATCHEZ, MS 39120	Incorporator	
PARTITION VINCENSIA		
KAYE D WILLIAMS		8
207 S COMMERCE ST	Incorporator	

Incorporator