



SIC Code 8 2 2 2 NAICS Code 6 1 1 2 1 0 Delta Technical College PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: DESCRIBLION OF CONSTRUCTION ACTIVITY: Construction of a vocational training facility and associated parking and drives UG-MM-YYYY ESTIMATED CONSTRUCTION PROJECT END DATE: 2019-12-31 QQ-WW-YYYY ESTIMATED CONSTRUCTION PROJECT START DATE: 2018-10-15 AND PERMIT COVERAGE NUMBER: MSR10_ IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? Z ON LES TOTAL ACREAGE THAT WILL BE DISTURBED 1: 8.5 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation); Map Interpolation LATITUDE: 34 degrees 57 minutes 26 seconds LONGITUDE: 90 degrees 00 minutes 04 seconds FACILITY SITE TRIBAL LAND ID (WA If not applicable): WA COUNTY: DeSoto ZIP: 38637 STATE: MS CLLK: How rake STREET: East side of Interstate Boulevard, approximately 1,058 ft south of Expressway Drive 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.) FACILITY SITE NAME: Building 2, DeSoto Farms Corporate Park FACILITY SITE INFORMATION PRIME CONTRACTOR PHONE #: (636) Z62-1112 PRIME CONTRACTOR EMAIL; blanton@blantonometruction.com STATE: MO PRIME CONTRACTOR CITY: St. Peters ZIP: 63376 PRIME CONTRACTOR STREET OR P.O. BOX: 550 Turner Blvd PRIME CONTRACTOR COMPANY LEGAL NAME: Blanton Construction PRIME CONTRACTOR CONTACT PERSON: Jeff Blanton PRIME CONTRACTOR CONTACT INFORMATION OWNER EMAIL: mhurwitz@blackstonehurwitz.com OWNER PHONE #: (217) 341.4001 OMNER CITY: Springfield ZIP: 62704 STATE: IL OWNER STREET OR P.O. BOX: One Lawrence Square оwner сомрулу LEGAL MAME: Blackstone Group - Horn Lake, L.L.C. OWNER CONTACT PERSON: Joseph Hurwitz OWNER CONTACT INFORMATION ✓ OWNER ☐ PRIME CONTRACTOR APPLICANT IS THE:

NO C	VLION OF INTRO		AND THE LOCATION OF WHERE FLOCCULATED M
	IMIDE (PAN)	☐ VAIONIC POLYACRYI	IF YES, INDICATE THE TYPE OF FLOCCULANT.
ØON	_S3\	TY IN STORM WATER?	MILL FLOCCULAUTS BE USED TO TREAT TURBIDI
			Collins silt toam and Vicksburg silt toam
		(494WZ ni odinoeob oerolg etoolou):	EXISTING DATA DESCRIBING THE SOIL (for linear p
.KUCTION			YCLIAILAS MILHIN W MITE DOMNSLKEYM OF PROJECT BOU
□ON	LES□	LUBLIC PONDS OR LAKES	ARE THERE RECREATIONAL STREAMS, PRIVATE/
_ ⊡ON	ΛΕS□	AING SLBEVW SECVIENLS	HYS Y TAIDL BEEN ESTABLISHED FOR THE RECEI
	IDEQ's web site:	stream segments may be found on N ximum_Daily_Load_Section)	BODIES? (The 303(d) list of impaired waters and TMIDL: http://www.deq.state.ms.us/MDEQ.nsfpage/TWB_Total_Mar
☑ON	ΔE2□	ST OF IMPAIRED WATER	IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIS
	_ :=::		
		се к	NEAREST NAMED RECEIVING STREAM: HOIT Lake Cr

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 L	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		YES 🗆	SO 🗹					
IF Y	ES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE		PRETREATME	NT					
	\square WATER STATE OPERATING \square INDIVIDUAL NPDES		OTHER:						
IS TI OF A	HE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEY ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Bran	ANCE	YES rmitting requirer	NO ☑ ments.)					
	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT CUMENTATION THAT:	T, PROVI	DE APPROPRIA	TE					
•	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 NOTIFICATI	ION to the	e Corps is require	e d					
IS A (If ye	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED es, provide appropriate approval documentation from MDEQ Office of Land and	D? id Water, l	YES 🗆 Dam Safety.)	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.									
Ø	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 t permit from MDEQ or indicate the date the application was submitted to MDE	the cover o EQ (Date:	of the NPDES disc	charge)					
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 l of General Acceptance from the Mississippi State Department of Health or cert engineer that the platted lots should support individual onsite wastewater disposal support indi	tification t	from a registered	f the Letter professional					
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cois not feasible, then please attach a copy of the Letter of General Acceptance frocertification from a registered professional engineer that the platted lots should disposal systems.	be made by entral coll om the St	y MDEQ. A copy lection and wastev ate Department of	of the water system f Health or					
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PR	ROJECT !	MUST COMPLY	:					
City of I	Horn Lake								

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

Joseph Itu

oute oigned

Printed Name¹

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 INFORMATION							
PRIME CONTRACTOR CONTACT PERSON: Jef	f Blanton	PHONE NUMBER: @36) 262-1112					
PRIME CONTRACTOR COMPANY: Blanton Cons							
PRIME CONTRACTOR STREET (P.O. BOX): 550							
		STATE:MO	ZIP: 63376				
E-MAIL ADDRESS: jblanton@blantonconstruction.co							
OWNER INFORMATION							
OWNER CONTACT PERSON: Joseph Hurwitz		PHONE NUMBER: (2	17) 341-4001				
OWNER CONTACT PERSON: Joseph Hurwitz PHONE NUMBER: (217) 341-4001 OWNER COMPANY NAME: Blackstone Group - Horn Lake, L.L.C.							
PROJECT INFORMATION							
PROJECT NAME: Building 2, DeSoto Farms Corpora	te Park						
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of a vocational training facility and associated parking and drives							
PHYSICAL SITE ADDRESS (If the physical address indicate the beginning of the project and identify all STREET: East side of Interstate Boulevard, approximate and identify approximate and identification and identification and identification approximate and iden	counties the project trav	erses.)	d. For linear projects,				
CITY: Horn Lake COUNTY: DeSoto							
I certify that I am the prime contractor for this project an permit. I further certify under penalty of law that this do accordance with a system designed to assure that qualified my inquiry of the person or persons who manage the syste information submitted is, to the best of my knowledge and penalties for submitting false information, including the person of the	cument and all attachments I personnel properly gather im, or those persons directly belief, true, accurate and e ossibility of fine and impris	were prepared under my ed and evaluated the infor y responsible for gathering omplete. I am aware that	direction or supervision in mation submitted. Based on the information, the there are significant				
This application shall be signed as follows: - For a corporation, by a responsible corporate officer. - For a partnership, by a general partner. - Chief, Environmental Permits Division							

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.

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225

Revised: 10/25/16



OCT 1 6 2018

Dept. of Environmental Quality

DATE:

October 12, 2018

TO:

Montie Gleen, PE

Mississippi Department of Environmental Quality

515 E. Amite Street

Jackson, Mississippi 39201

Ph: (601) 961-5596

FOR:

NOI Updates-Hard Copies

FROM:

Trent Harrell, El

RE:

SWPPP Package Delta Technical College

JOB NO.:

18-0060

VIA:

Courier

Transmittal

Montie,

Attached to this transmittal is an updated NOI and Prime Contractor Certification form with updated ownership for the Delta Technical College in Horn Lake, Mississippi.

Please let us know if you need any additional information.

Thank you,

Trent Harrell, EI

cc: Joe Tomasello, PE, Mike Davis, RLA