LAPAOISDOOI Belle POINTE E

MSR10 7 8 4 5

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR OWNER CONTACT INFORMATION Dept of Environmental Quality OWNER CONTACT PERSON: Toe LANDOUGHE De Land by Fund of Builtonmental Quality OWNER COMPANY LEGAL NAME: Whiteled Held Landoughe Del OWNER STREET OR P.O. BOX: 1803" HAW THOUSE DEL OWNER STREET OR P.O. BOX: 1803" HAW THOUSE DEL OWNER PHONE #: (301) 494-2484 OWNER EMAIL: 1844 CAUGHT TERESON: STATE: MS ZIP: 386372 OWNER PHONE #: (301) 494-2484 OWNER EMAIL: 1844 CAUGHT TERESON: SAME PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: SAME PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR FROM #: PRIME CONTRACTOR EMAIL: 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: CHARLE ROAD STREET: C		ALLEN	may)
OWNER CONTACT PERSON: JOE LAUDELANCE OR LANGE FUNCABLES. OWNER STREET OR P.O. BOX: 1805"	APPLICANT IS THE: OWNER PRIME CONTRACTOR	NOV 19 20)18
OWNER COMPANY LEGAL NAME: Whiteles LLC OWNER STREET OR P.O. BOX: 1805" HAW THOUSE DA. OWNER CITY: Heavened o State: MS ZIP: 3867Z OWNER PHONE #: (901) 494-Z484 OWNER EMAIL: Madedate Jee Coll South, Not PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: SAME PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: PRIME CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: Belle Point "E" FACILITY SITE NAME: Belle Point "E" FACILITY SITE NAME: COUNTY: Desoto ZIP: 38654 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A LATITUDE: 4 degrees 4 minutes Deconds Longitude: 39 degrees 5 minutes 5 seconds LAT & LONG DATA SOURCE (GPS Please GPS Project Entrance/Suar Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: // A C IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2019-11-1 YYYYAMADD DESCRIPTION OF CONSTRUCTION PROJECT END DATE: NOV 2019 2019-11-1 YYYYAMADD DESCRIPTION OF CONSTRUCTION ACTIVITY: BLANKING THEOS		Dept. of Environments	l Austro
OWNER COMPANY LEGAL NAME: Whiteles Lec OWNER STREET OR P.O. BOX: 1805" HAW THORSE DA. OWNER CITY: Heavendo State: MS ZIP: 3867Z OWNER PHONE #: (901) 494-Z484 OWNER EMAIL: Audiculate Joe Coll South, Not PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: SAME PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR FHONE #: PRIME CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: Belle Point "E" FACILITY SITE NAME: Belle Point "E" FACILITY SITE NAME: CONTRACTOR EMAIL: FACILITY SITE NAME: Belle Point "E" FACILITY SITE NAME: Description of the project and identify all counties the project traverses.) STREET: Chulch Node CITY: Olive Balley State: MS COUNTY: Description: FACILITY SITE TRIBAL LAND ID (N/A if not applicable): N/A LATITUDE: 4 degrees 4 minutes Desconds LONGITUDE: 9 degrees 5 minutes Seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/State Poling or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: N/A C IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO E IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT? YES NO E ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2019-11-1 TYTYYMMODD DESCRIPTION OF CONSTRUCTION ACTIVITY: Clausing Times	OWNER CONTACT PERSON: JOE LAUDELDAIC OR LANG	/ Funocube	1K
OWNER STREET OR P.O. BOX: /805' / AW THOUSE DA. OWNER CITY: Hea NAW O STATE: MS ID: 3863Z OWNER PHONE #: (901) 494-2484 OWNER EMAIL: / Audiculate for boll Seard, Not PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: SAME PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR CITY: STATE: ZIP: PRIME CONTRACTOR PHONE #: PRIME CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: BOLLE POINT "E" 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: CHULCH NAME STATE: MS COUNTY: Desofo IP: 38654 CITY: OLIVE BLANCH STATE: MS COUNTY: Desofo III: 38654 LATITUDE: 34 degrees 34 minutes O seconds LONGTUDE: 39 degrees 55 minutes /S seconds LATITUDE: 34 degrees 35 minutes O seconds LONGTUDE: 40 degrees 55 minutes /S seconds LAT ELONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: // A C			
OWNER CITY: Heannal Description of Construction project and dentity at least 100 Description of Construction project and date: Nov 2019 STATE: MS IIP: 386372 OWNER PHONE #: (901) 494-2484 OWNER EMAIL: Audicidate fice & bell South, Not PRIME CONTRACTOR CONTACT PROPERTY 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 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: Church Cond CITY: OLIVE BANKER STATE: MS COUNTY: De 5040 ZIP: 38654 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): M/A LATITUDE: 34 degrees 34 minutes 10 seconds LONGITUDE: 39 degrees 15 minutes 15 seconds LAT & LONG DATA SOURCE (GFS (Please GFS Project Entrance/Stur Polm) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED !: //////////////////////////////////			
PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: SAME PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: 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.) STREET: Church Road CITY: OLive Bandel STATE: LATITUDE: FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LAT & LONG DATA SOURCE (GPS (Please GPS Project EntranceStant Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2018-11-1 TYTY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: CLUMING TIMES OWNER EMAIL: AMAGE PRIME CONTRACTOR CONTRACTOR AMAGE: STATE ZIP:	OUR PRINTED CHARLES HAVE CALLED CONTRACTOR MS	ZIP: 38	63Z
PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON:	OWNER PHONE #: (901) 494-2484 OWNER EMAIL: /Audcadde	Tee @ bell Sound	Y, NCT
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.) STREET: Chunch Road STREET: Chunch Road CITY: OLIVE BANNEL STATE: LATITUDE: 34 degrees 56 minutes 10 seconds LONGITUDE: 89 degrees 55 minutes 15 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? AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 2018-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION PROJECT END DATE: Nov 2019 2019-11-1 YYYY-MM-DD			
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.) STREET: Chunch Road STREET: Chunch Road CITY: OLIVE BLUMCH STATE: LATITUDE: 34 degrees 56 minutes 10 seconds LONGITUDE: 89 degrees 55 minutes 15 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? AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2019 2019 - 11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: BLUMING TABLES	PRIME CONTRACTOR CONTACT PERSON: SAME		No.
PRIME CONTRACTOR PHONE #: (
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.) STREET:	PRIME CONTRACTOR STREET OR P.O. BOX:		
FACILITY SITE INFORMATION FACILITY SITE NAME: Belle Point "E" 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: Church Road CITY: OUVE BRANCH STATE: LATITUDE: 34 degrees 56 minutes 10 seconds LONGITUDE: 29 degrees 55 minutes 5 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? IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2018-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: BLAMING TIMES BLAMING TIMES ACCURATE OF A LARGES COMMON PLAN DATE: NOV 2019 2049-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: BLAMING TIMES	PRIME CONTRACTOR CITY: STATE:	ZIP:	
FACILITY SITE NAME: Belle Point E	PRIME CONTRACTOR PHONE #: (PRIME CONTRACTOR EMAIL:		
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: Church Road CITY: OCIVE BARREY STATE: M.5 COUNTY: Desofo ZIP: 38654 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: LATITUDE: LATITUDE: 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? IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2018-11-1 TYTYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: ALEMING TIMES	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.) STREET: Chuach Road CITY: OCIVE BANGER STATE: M.5 COUNTY: Desofo ZIP: 38654 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: 34 degrees 36 minutes 10 seconds LONGITUDE: 39 degrees 55 minutes 15 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? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 2018-11-1 TYTYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: ALEMING TIMES	FACILITY SITE NAME: Belle POINT "E"		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: 34 degrees 36 minutes 10 seconds LONGITUDE: 39 degrees 55 minutes 15 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? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 Z018-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: A CLEMING TIMES	FACILITY SITE ADDRESS (If the physical address is not available, please indicate the neares indicate the beginning of the project and identify all counties the project traverses.)	st named road. For lines	ır projects
LATITUDE: 34 degrees 56 minutes 10 seconds LONGITUDE: 89 degrees 55 minutes 15 seconds LAT & LONG DATA SOURCE (GPS (Ptease 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? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 Z018-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: ACCUMING TARCES	STREET: Church ROAD		74/ /
LATITUDE: 34 degrees 36 minutes 10 seconds LONGITUDE: 89 degrees 55 minutes 15 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? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 Z018-11-1 YYYY-MM-DD ESTIMATED CONSTRUCTION PROJECT END DATE: Nov 2019 Z049-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: CLCMING TACCS		ZIP:	16654
LAT & LONG DATA SOURCE (GFS (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? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 Z018-11-1 YYYY-MM-DD ESTIMATED CONSTRUCTION PROJECT END DATE: NOV 2019 Z049-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: BLOWNING TARCES	,	• ,,,	
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 ESTIMATED CONSTRUCTION PROJECT END DATE: Nov 2019 DESCRIPTION OF CONSTRUCTION ACTIVITY: CLEMING TIMES			S
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 ESTIMATED CONSTRUCTION PROJECT END DATE: Nov 2019 Z049-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: CLCMING TARCES			
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: Nov 2018 ESTIMATED CONSTRUCTION PROJECT END DATE: Nov 2019 DESCRIPTION OF CONSTRUCTION ACTIVITY: Cleming Times	TOTAL ACREAGE THAT WILL BE DISTURBED 1: 76 H C		
ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018 ESTIMATED CONSTRUCTION PROJECT END DATE: NOV 2019 ESTIMATED CONSTRUCTION PROJECT END DATE: NOV 2019 DESCRIPTION OF CONSTRUCTION ACTIVITY: Cleming Times	is this part of a larger common plan of development?	YES 🗆	NO Z
ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2019 ESTIMATED CONSTRUCTION PROJECT END DATE: NOV 2019 Z049-11-1 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: Cleming Times	IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:AND PERMIT COVERAGE NUMBER: MSR10		
DESCRIPTION OF CONSTRUCTION ACTIVITY: Cleming Tiles	ESTIMATED CONSTRUCTION PROJECT START DATE: NOV 2018		
	ESTIMATED CONSTRUCTION PROJECT END DATE: NOV 2019		
DECORPTANT OF THE COMPLET OF THE CONTROL OF THE CON	DESCRIPTION OF CONSTRUCTION ACTIVITY: Cleming Trees		
PROPOSED DESCRIPTION OF PROPERTY USE ATTER CONSTRUCTION HAS BEEN CONTIDETED.	PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEI	EN COMPLETED:	
SIC Code NAICS Code	SIC Code NAICS Code		



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Belle Pointe E

NEAREST NAMED RECEIVING STREAM: BOAN PAICH CLEEK			
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)			
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES□ NO♥			
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES NOW WITHIN $1/2$ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?			
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):			
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? YES⊠ NO□			
IF YES, INDICATE THE TYPE OF FLOCCULANT. □ ANIONIC POLYACRYLIMIDE (PAM) □ OTHER — MATTLES : HAY & WILL			

¹Acreage 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.

Belle Pointe E"

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			
□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:		
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAR OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	NCE YES NO NO NO PARTIES (NO PERMITTEE)		
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, I DOCUMENTATION THAT:	PROVIDE APPROPRIATE		
 The project has been approved by individual permit, or 			
The work will be covered by a nationwide permit and NO NOTIFICATION to the	e Corps is required, or		
 The work will be covered by a nationwide or general permit and NOTIFICATIO 	N 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 V	YES 🗆 NO 🔀 Water, Dam Safety.)		
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 permit from MDEQ or indicate the date the application was submitted to MDEQ	e cover of the NPDES discharge (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 3: feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cen is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should a disposal systems.	made by MDEQ. A copy of the strai collection and wastewater system in the State Denartment of Health or		
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PRO	DJECT MUST COMPLY:		
C-HOP OLINGBRANCH			

Belle Pointe E

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)

NOV 15 2018

Date Signed

LANCY FUNDEL BULK

Title

Printed Name

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