

# MSR10 <u>8 0 8 0</u>

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:  OWN	NER PRIME CONTRACT				
OWNE	R CONTACT INFORMATION	OCT 2 9 2019			
OWNER CONTACT PERSON: Lt.Col. Peter	· Joo	DV.			
OWNER COMPANY LEGAL NAME: USAF		D I Passastineereprepationereprepations			
OWNER STREET OR P.O. BOX: 555 Simle					
OWNER CITY. Columbus	STATE: MS	ZIP: 39710			
OWNER CITY: Columbus OWNER PHONE #: (662 ) 434-7325	OWNER EMAIL: peter.joc	o@us.af.mil			
	RACTOR CONTACT INFORM				
PRIME CONTRACTOR CONTACT PERSON					
PRIME CONTRACTOR CONTACT PERSON PRIME CONTRACTOR COMPANY LEGAL	NAME, ECSC, LLC				
The second company of	1901 N. East Avenue				
PRIME CONTRACTOR STREET OR P.O. B PRIME CONTRACTOR CITY: Panama ( PRIME CONTRACTOR PHONE #: (856) 21	City STATE FL	32405			
PRIME CONTRACTOR CITY: 85£ 21	5-4822 STATE:	zmarshall@ecscfla.com			
PRIME CONTRACTOR PHONE #: ( ) 2 1	PRIME CONTRACTOR E	EMAIL:			
FACI	LITY SITE INFORMATION				
FACILITY SITE NAME: U.S. Air Force/Columbus	AFB/Taxiway Alpha/Airfield Runway Drainage	Area			
FACILITY SITE ADDRESS (If the physical ad indicate the beginning of the project and identify	dress is not available, please indicate th all counties the project traverses.)	e nearest named road. For linear projects			
STREET: Independence Dr/ HWY 373** Pro	operty is on the airfield flight line				
CITY: Columbus STATE	: MS COUNTY: Low	vndes ZIP: 39710			
FACILITY SITE TRIBAL LAND ID (N/A If r	not applicable): N/A				
LATITUDE: 33 degrees 38 minutes 36 seconds LONGITUDE: 68 degrees 7 minutes 25 seconds					
LAT & LONG DATA SOURCE (GPS (Please GP	S Project Entrance/Start Point) or Map Interpo	<sub>dation):</sub> Google Earth			
TOTAL ACREAGE THAT WILL BE DISTU	RBED 1: 43 Acres				
IS THIS PART OF A LARGER COMMON P		YES□ NO ☑			
IF YES, NAME OF LARGER COMMON PLA AND PERMIT COVERAGE NUMBER	AN OF DEVELOPMENT: :: MSR10				
ESTIMATED CONSTRUCTION PROJECT S	START DATE:	2019-11-1 YYYY-MM-DD			
ESTIMATED CONSTRUCTION PROJECT	END DATE:	2020-04 <u>+</u> YYYY-MM-DD			
DESCRIPTION OF CONSTRUCTION ACTI	VITY: Grade existing area for positive	drainage to storm inlets			
PROPOSED DESCRIPTION OF PROPERTY Grassed area between a taxiway and runway with two s	USE AFTER CONSTRUCTION HA				



NEAREST NAMED RECEIVING STREAM: Local creek to Tombigbee River
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 NO $\square$ WITHIN ½ 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):  Natchez Silt 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 INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE? YES $\square$ NO $\square$

<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 LC	NOI FOR A FACILITY THAT WILL	REQU	JIRE OTHER PERMITS?		YES 🗆	NO 🗹
IF YE	S, CHECK ALL THAT APPLY: $\ \Box$	AIR	☐ HAZARDOUS WASTE		PRETREATMI	ENT
	☐ WATER STATE OPERATING	v	INDIVIDUAL NPDES		OTHER:	
IS TH	E PROJECT REROUTING, FILLING NY KIND? (If yes, contact the U.S. Ar	OR Comy Co	CROSSING A WATER CONVEYA	ANCE ch for pe	YES  rmitting require	NO ☑ ments.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:						
•	The project has been approved by indi	vidual	permit, or			
•	The work will be covered by a nationw	ide pe	rmit and NO NOTIFICATION to	the Corp	s is required, or	
•	The work will be covered by a nationw	ide or	general permit and NOTIFICATI	ON to the	e Corps is requir	ed
IS A I	AKE REQUIRING THE CONSTRUC , provide appropriate approval docum	CTION entatio	OF A DAM BEING PROPOSED on from MDEQ Office of Land and	?   Water,	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.						
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 permit from MDEQ or indicate the da	be Cor te the a	nstructed. Please attach a copy of t application was submitted to MDE	he cover Q (Date:	of the NPDES di	scharge )
	Individual Onsite Wastewater Disposa of General Acceptance from the Missis engineer that the platted lots should su	einni S	State Denartment of Health or cert	ilication	irom a registere	of the Letter d professional
	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:						
Not Applicable. US Federal Government Property						

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<sup>1</sup> (owner or prime contractor)

10/21/2019

**Date Signed** 

Zack Marshall

V.P. of Operations

Printed Name<sup>1</sup>

Title

<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

# PRIME CONTRACTOR CERTIFICATION

#### LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10

County Lowndes

(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 (	CONTRA	CTOR	INFORM	IATION
I IVIIVIE V	CONTINA	CION	II VI OIVI	

PRIME CONTRACTOR INFORMA	ATION
PRIME CONTRACTOR CONTACT PERSON: Zack marshall	PHONE NUMBER: 850215-4875
PRIME CONTRACTOR COMPANY: ECSC, LLC	
PRIME CONTRACTOR STREET (P.O. ROY). 1901 N. East Ave	
PRIME CONTRACTOR CITY: Panama City	TATE:FL ZIP: 32405
E-MAIL ADDRESS: zmarshall@ecscfla.com	
OWNER INFORMATION	
OWNER CONTACT PERSON: Lt.Col. Peter Joo PHO	ONE NUMBER: (66) 434-7325
OWNER COMPANY NAME: USAF	
PROJECT INFORMATION	
PROJECT NAME: Repair Runway Airfield/Taxiway Alpha Drainage- Colum	nbus AFB
DESCRIPTION OF CONSTRUCTION ACTIVITY: grading an existing d	Irainage field and to
construct a temporary road allowing access to the site and a	crossing point to the taxiway.
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the indicate the beginning of the project and identify all counties the project traverses STREET:  AIRFIELD / TAXIWAY ALPHA Columbus AFB  CITY: Columbus  COUNTY: Lowndes	nearest named road. For linear projects,
CITY: Columbus COUNTY: Lowndes	
I certify that I am the prime contractor for this project and will comply with all the require permit. I further certify under penalty of law that this document and all attachments were accordance with a system designed to assure that qualified personnel properly gathered an my inquiry of the person or persons who manage the system, or those persons directly respinformation submitted is, to the best of my knowledge and belief, true, accurate and compl penalties for submitting false information, including the possibility of fine and imprisonme  Prime Contractor Signature    10/2	e prepared under my direction or supervision in the devaluated the information submitted. Based on ponsible for gathering the information, the lete. I am aware that there are significant ent for knowing violations.  21/2019  Signed  of Operations
This application shall be signed as follows:  For a corporation, by a responsible corporate officer.	ors Certification form shall be submitted to:

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.

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

Revised: 10/25/16



Invoice Number: 14646760

Invoice Date: 10/01/2019

### **Customer Information**

Peggy Thomas 1901 N East Ave Panama City, Florida 32405

Description	Tracking Number Qty	Item Cost	Amount Paid
Foreign LLC - Online	2019278488	\$ 250.00	\$ 250.00
MSI Transaction Fee		\$ 1.25	\$ 1.25
Payment Details			
	Invoice Total:		\$ 251.25
	Payment Total:		\$ 251.25
	Amount Due:		\$ 0.00
Payment Method			
Payment Type: eCheck			

## Include invoice number on all correspondence and send to:

Mississippi Secretary of State's Office P.O. Box 136 Jackson, MS 39205 To discuss payment for Corporation items call:

(601) 359-1633