AI#77052 GnP20200001

## MSR10 <u>9 | 75</u>

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	TOR	- CRILE		
OWNER CONTACT INFORMATION				
OWNER CONTACT PERSON: B. Gene Williams	MA	AR 1 0 2020		
OWNER COMPANY LEGAL NAME: H&M Development Company				
OWNER STREET OR P.O. BOX: 50 Security Drive	BY:	Market Provide Colores (Market Colores		
OWNER CITY: Jackson STATE: Tennees	see	ZIP: 38305		
OWNER CITY: Jackson STATE: Tennees:  OWNER PHONE #: (731 )6646300 OWNER EMAIL: gwillia	ms@hmcompar	ny.com		
PRIME CONTRACTOR CONTACT INFOR				
PRIME CONTRACTOR CONTACT PERSON. B. Gene Williams				
PRIME CONTRACTOR COMPANY LEGAL NAME: H+M Construction Co	mpany, INC.			
PRIME CONTRACTOR STREET OR P.O. BOX: 50 Security Drive				
PRIME CONTRACTOR CITY. Jackson STATE. Ten	nessee	ZIP: 38305		
PRIME CONTRACTOR CITY: Jackson STATE: Ten PRIME CONTRACTOR PHONE #: (731)6646300 PRIME CONTRACTOR	EMAIL .gwilliams	@hmcompany.		
TRIME CONTRACTOR PHONE #: ( TRIME CONTRACTOR	EWAIL.			
FACILITY SITE INFORMATION				
FACILITY SITE NAME: HMD				
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: 165 Wingo Road CITY: Byhaila STATE: Mississippi COUNTY: Ma				
	arshall County	ZIP:38611		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A				
LATITUDE: 34 degrees 58 minutes 37 seconds LONGITUDE: 89 degrees 38 minutes 25 seconds				
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth				
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 60				
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES	NO ☑		
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: N/A AND PERMIT COVERAGE NUMBER: MSR10				
ESTIMATED CONSTRUCTION PROJECT START DATE:		20/03/0		
		Y-MM-DD 22/03/(		
ESTIMATED CONSTRUCTION PROJECT END DATE:	YYY	Y-MM-DD		
DESCRIPTION OF CONSTRUCTION ACTIVITY: Grading and drainage installation for warehouse facility				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Warehouse facility with truck and docks and employee parking				
SIC Code 4 2 2 5 NAICS Code 4 9 3 1 1 0				



NEAREST NAMED RECEIVING STREAM: Coldwater 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 MD http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ EQ's web site:	NO☑			
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):					
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NO☑			
IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYACRYLING OTHER	MIDE (PAM)				
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCAT AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	TION OF INTR YES □	ODUCTION NO□			

<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 □	NO 🗹
IF YES, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE	□ PRETREATME	NT
□ WATER STATE OPERATING □ INDIVIDUAL NPDES	OTHER:	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for	E YES 🗆 or permitting requiren	NO ☑ nents.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PR DOCUMENTATION THAT:	OVIDE APPROPRIA	ГЕ
The project has been approved by individual permit, or		
The work will be covered by a nationwide permit and NO NOTIFICATION to the Company of the C	Corps is required, or	
The work will be covered by a nationwide or general permit and NOTIFICATION	to the Corps is require	d
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Wa	YES 🗆 iter, Dam Safety.)	NO 🗹
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOV BE DISPOSED? Check one of the following and attach the pertinent documents.	V WILL SANITARY S	EWAGE
Existing Municipal or Commercial System. Please attach plans and specifications for associated "Information Regarding Proposed Wastewater Projects" form or approve Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) recollection and treatment that the flows generated from the proposed project can an approperly. The letter must include the estimated flow.	val from County Utility a ons can not be provide esponsible for wastewa	Authority in d at the time ater
Collection and Treatment System will be Constructed. Please attach a copy of the copermit from MDEQ or indicate the date the application was submitted to MDEQ (I	over of the NPDES disc Date:	charge )
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. of General Acceptance from the Mississippi State Department of Health or certifica engineer that the platted lots should support individual onsite wastewater disposal s	tion from a registered	f the Letter professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 L feasibility of installing a central sewage collection and treatment system must be ma response from MDEQ concerning the feasibility study must be attached. If a centra is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should supdisposal systems.	ide by MDEQ. A copy al collection and wastev he State Department of	of the vater system f Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJE	ECT MUST COMPLY	:

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 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)

3/6/2020 Date Stigned SULY? Cans 1.

### B. Gene Williams

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

#### PRIME CONTRACTOR CERTIFICATION

#### LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10

County Marshall 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: B. Gene V PRIME CONTRACTOR COMPANY: H+M Construction	PHONE NUMBER: 731664-6300 Company, INC			
PRIME CONTRACTOR STREET (P.O. BOX):				
PRIME CONTRACTOR CITY: Jackson	STATE: TN ZIP: 38305			
E-MAIL ADDRESS: gwilliams@hmcompany.com				
PRIME CONTRACTOR STREET (P.O. BOX):  PRIME CONTRACTOR CITY: Jackson  E-MAIL ADDRESS: gwilliams@hmcompany.com  OWNER INFORMATION				
OWNER CONTACT PERSON: B. Gene Williams	PHONE NUMBER: (731,664-6300			
OWNER COMPANY NAME: H&M Development Con	npany			
PROJECT INFORMATION				
PROJECT NAME: HMW 269 Logistics #4				
DESCRIPTION OF CONSTRUCTION ACTIVITY: Wareh	ouse			
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)  STREET: 165 Wingo Road				
CITY: Byhaila COUN	TY: Marshall County			
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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.				
Prime Contractor Signature <sup>1</sup>	Date Signed			
B. Gene Williams				
Printed Name <sup>1</sup>	Title			
<ul> <li>This application shall be signed as follows:</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.</li> </ul>	This Prime Contractors Certification form shall be submitted to:  Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225			

Revised: 10/25/16