

## MSR10 8 2 7 0

(NUMBER TO BE ASSIGNED BY STATE)

|  |                                       |  |                            | prop promise and provide the p |              |  |
|--|---------------------------------------|--|----------------------------|--|--------------|--|
| APPLICANT IS THE:  | ✓ OWNER □                             | PRIME CON                                | NTRACTOR                   | DECEIA!  | EN           |  |
| ų.   | OWNER CONT                            | CACT INFOR                               | RMATION                    | AUG 1 2 2020   | ש            |  |
| OWNER CONTACT PERSON:  | Lynn Spruill, Pre                     | esident                                  |                            | BY:  |              |  |
| OWNER COMPANY LEGAL N  | AME: Oktibbeha                        | County Econ                              | omic Develo                | pment Association  | (OCEDA)      |  |
| OWNER STREET OR P.O. BOX: 200 E. Main Street, Starkville, MS. 39759                  |                                       |  |                            |  |              |  |
| OWNER CITY: Starkville   |                                       | STATE:                                   | MS                         | ZIP: 39  | 759          |  |
| OWNER PHONE #: (662 ) 323-3322 OWNER EMAIL:   Ispruill@starkville.c                  |                                       |  |                            |  |              |  |
| PRIME CONTRACTOR CONTACT INFORMATION   |                                       |  |                            |  |              |  |
| PRIME CONTRACTOR CONT  | ACT PERSON:                           |  |                            |  |              |  |
| PRIME CONTRACTOR COMP  |                                       |  |                            |  |              |  |
| PRIME CONTRACTOR STREE   | ET OR P.O. BOX:                       |  |                            |  |              |  |
| PRIME CONTRACTOR CITY:   |                                       |  |                            |  |              |  |
| PRIME CONTRACTOR PHONE #: ( PRIME CONTRACTOR EMAIL:                                  |                                       |  |                            |  |              |  |
| FACILITY SITE INFORMATION  |                                       |  |                            |  |              |  |
| FACILITY SITE NAME: Starky   | rille/Oktibbeha Industrial F          | ark - Spec Buildi                        | ing Pad Mass Gr            | rading   |              |  |
| FACILITY SITE ADDRESS (If a indicate the beginning of the project                    | ct and identify all counties          | t available, please<br>the project trave | e indicate the nearerses.) | arest named road. For lin  | ear projects |  |
| STREET: Jack Wallace B CITY: Starkville  | STATE: MS.                            | CO                                       | UNTY: Oktibe               | eha ZIP  | : 39759      |  |
| FACILITY SITE TRIBAL LAN   |                                       |  |                            |  |              |  |
| LATITUDE: 33 degrees 29  | minutes 55 seconds                    | LONGITUDE                                | 88 degrees                 | 49 minutes 55 secon  | ds           |  |
| LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpo |                                       |  |                            |  |              |  |
| TOTAL ACREAGE THAT WIL   | L BE DISTURBED 1:                     | 9.8 +/-                                  |                            |  |              |  |
| IS THIS PART OF A LARGER   |                                       |  | Т?                         | YES□   | NO 🗹         |  |
| IF YES, NAME OF LARGER C<br>AND PERMIT COVERAGE                                      | OMMON PLAN OF DE<br>GE NUMBER: MSR10_ | VELOPMENT:                               | •                          |  |              |  |
| ESTIMATED CONSTRUCTION PROJECT START DATE:   |                                       |  | 2020-07-01<br>YYYY-MM-DD   |  |              |  |
| ESTIMATED CONSTRUCTION PROJECT END DATE:   |                                       |  | 2020-12-01<br>YYYY-MM-DI   |  |              |  |
| DESCRIPTION OF CONSTRU   | CTION ACTIVITY:                       | Mass grading                             | for future build           |  |              |  |
| PROPOSED DESCRIPTION OI Industrial building site.                                    |                                       |  |                            |  | 283          |  |
| SIC Code   | NAICS Code                            |  |                            |  |              |  |



| NEAREST NAMED RECEIVING STREAM: Josey Creek  |  |
|--|--|
| IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WAT BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section | found on MDEO's web site:                    |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGME   | NT? YES□ NO□                                 |
| ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LA WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE I ACTIVITY?   | KES YES□ NO ☑<br>MPACTED BY THE CONSTRUCTION |
| 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 PORTUGE OTHER  | LYACRYLIMIDE (PAM)                           |
| IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETT   |  |

<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  | □ PRETREATM   | ENT  |  |  |  |  |
| ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES   | □ OTHER:  |  |  |  |  |  |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for   | E YES 🗹<br>or permitting require                                  | NO □<br>ements.)                           |  |  |  |  |
| IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PRODOCUMENTATION THAT:   | OVIDE APPROPRI  | ATE  |  |  |  |  |
| 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 NOTIFICATION to   | to the Corps is requi   | red  |  |  |  |  |
| 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 🗆<br>ter, Dam Safety.)  | NO 🗹                                       |  |  |  |  |
| IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.   | WILL SANITARY   | SEWAGE                                     |  |  |  |  |
| 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 and properly. The letter must include the estimated flow. | al from County Utility ons can not be provide sponsible for waste | y Authority in<br>led at the time<br>water |  |  |  |  |
| 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 (D  | over of the NPDES di  | scharge<br>)                               |  |  |  |  |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. of General Acceptance from the Mississippi State Department of Health or certifical engineer that the platted lots should support individual onsite wastewater disposal s  | tion from a registere   | of the Letter<br>d professional            |  |  |  |  |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Le feasibility of installing a central sewage collection and treatment system must be made response from MDEQ concerning the feasibility study must be attached. If a central 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 supply disposal systems.                         | de by MDEQ. A cop<br>I collection and wast<br>re State Department | oy of the<br>ewater system<br>of Health or |  |  |  |  |
| INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJE  | CT MUST COMPL   | Y:   |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |

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

Lynn Spruill

President

Printed Name

<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

## **Lucy Renfrow**

From:

Morgan White

Sent:

Tuesday, August 11, 2020 2:32 PM

To:

Adam Smith; Lucy Renfrow

Cc: Subject: Florance Bass New LCNOI

Attachments:

Spec Bldg Pad - LCNOI.pdf

All,

Attached is a LCNOI for Starkville/Oktibbeha Industrial Building Pads. There is already a projects in EnSite under AI 77362 MSR108201. They say they sent both LCNOIs in the same envelope so maybe they got mixed up. This one is right next to it owned by the same people; however, they are bidding it out separately and may have different contractors. I believe that for this we usually just give it a different MSR# under the same AI. Please let me know if there are any questions/concerns.

Thank you,

Morgan White 401 Storm Water Branch-Environmental Permits Division Mississippi Department of Environmental Quality 601-961-5175