AI#72481 GnP20170002

MSR10 7 5 5 8 (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR OWNER CONTACT INFORMATION OWNER CONTACT PERSON: JAM SHAPE UCLE UC DEO-EPD OWNER COMPANY LEGAL NAME: LOCIE UC DEO-EPD OWNER STREET OR P.O. BOX: 4106 MPKNOLIA PL OWNER CITY: D' BEPYLLE STATE: MS ZIP: 3954 OWNER PHONE #: (728) \$60-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (20) WILL STREET STREET: ZIP: PRIME CONTRACTOR PHONE #: (20) WILL E QD CITY: WILL E QD C					DETERMINE	O DI SIAIR
OWNER CONTACT PERSON: AM OHN TRIEU OWNER COMPANY LEGAL NAME: LOLIE LLC DEO-EPD OWNER STREET OR P.O. BOX: 4106 MARNOULA PL OWNER CITY: D'IBCRYLLE STATE: MS ZIP: 3954 OWNER PHONE #: (228) 860-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR COMPANY LEGAL NAME: OFARK BUILDERS PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR FHONE #: (20) WILLERS FACILITY SITE INFORMATION FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET ZO(I MAGNOULA STATE: DS COUNTY: PILE ZIP SQ 60 CITY: MAGNOULA STATE: DS COUNTY: PILE ZIP SQ 60 EAT & LONG DATA SOURCE (GPS (Please GPS Project Emtrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 A 225 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR 10 ESTIMATED CONSTRUCTION PROJECT END DATE: 2017-10-01 TYPY-MAGNOULD STATE DATE: 2017-10-01 TYPY-MAGNOULD DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	APPLICANT IS THE:	W OWNER	PRIME CONTRAC	CTOR D	ECE	
OWNER CONTACT PERSON: AM OHN TREV OWNER COMPANY LEGAL NAME: LOCALE LLC DEO-EPD OWNER STREET OR P.O. BOX: 4106 MARNOLIA PL OWNER CITY: D'ARTILLE STATE: MS ZIP: 3954 OWNER PHONE #: (28) 860-820 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (20) EN EMAIL: FACILITY SITE INFORMATION FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear proje indicate the heginning of the project and identify all counties the project traverses.) STREET ZO(1 FRAD VILLE RD CITY: MAGNOLIA STATE BS COUNTY: PILE ZIP SQ 60 CITY: MAGNOLIA STATE BS COUNTY: PILE ZIP SQ 60 CITY: MAGNOLIA STATE BS COUNTY: PILE ZIP SQ 60 LAT & LONG DATA SOURCE (GPS (Please GPS Project Emtrance Start Point) or Map Interpolation: TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 A 225 IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? AND PERMIT COVERAGE NUMBER: MSR 10 ESTIMATED CONSTRUCTION PROJECT START DATE: 2017- 10-01 TYTY MAGNOLIA ESTIMATED CONSTRUCTION PROJECT END DATE: WIFY OF ALL OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:		OWNER CONT	ACT INFORMATI	ION	OCT 6	2017
OWNER COMPANY LEGAL NAME: DELETIC DEO-EPD OWNER STREET OR P.O. BOX: 4106 MAGNOLIA PL OWNER CITY: D'IBCRYLLE STATE: MS ZIP: 3954 OWNER PHONE #: (278) 860-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR FHONE #: (20) WILLIAM BRUCE CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project and ideate the beginning of the project and identify all counties the project traverses.) STREET 20(1 GRAD YULE 2D CITY: MAGNOLIA STATE: DS COUNTY: PILE ZIP 39 69 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance Start Polant) or Map Interpolation: TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 ACCES IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR 10 ESTIMATED CONSTRUCTION PROJECT START DATE: PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	OWNER CONTACT PERSON:	TAM JOH	N TRIEU	U	001	LOTT
OWNER CITY: D'IBERVILLE STATE: MS ZIP: 3954 OWNER PHONE #: (228) BLO-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCK HALL PRIME CONTRACTOR COMPANY LEGAL NAME: O-PARK BUILDERS PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (20) LAT LATE THE CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: LOCK FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear proje indicate the beginning of the project and identify all counties the project traverses.) STREET ZOII CARD VILLE 2D CITY: WAGOVOLA STATE: DS COUNTY: PILE ZIP 39 LATITUDE: degrees minutes seconds LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Emisonce Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 ACCES IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER. MSR 10 ESTIMATED CONSTRUCTION PROJECT START DATE: VIEW OF ONLY YOUNG. PROJECT START DATE: VIEW OF ONLY YOUNG. DISTURD OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	OWNER COMPANY LEGAL M	IAME: LORIE	14.		DEQ-	EPD
OWNER PHONE #: (128) \$60-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: \$\text{DRUCE}\$ HALL PRIME CONTRACTOR CONTACT PERSON: \$\text{DRUCE}\$ HALL PRIME CONTRACTOR COMPANY LEGAL NAME: \$\text{O-ARK}\$ BUILDERS PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: \$\text{O-1}\$ BUT	OWNER STREET OR P.O. BO	x: 4106 n	PAGNOLIA PL			
OWNER PHONE #: (228) 860-8200 OWNER EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR COMPANY LEGAL NAME: OFARL BUILDERS PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (20) WILLIAM PRIME CONTRACTOR FMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: LOLIE LUC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: 70 11 FRANCE LUC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: 70 11 FRANCE LUC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the nearest named road. For lin	OWNER CITY: D'IBER	VILLE	STATE: M	5	71P-	39540
PRIME CONTRACTOR CONTACT PERSON: BRUCE HALL PRIME CONTRACTOR COMPANY LEGAL NAME: OZARL BULDERS PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (60) 600 STATE: STATE: ZIP: FACILITY SITE INFORMATION FACILITY SITE NAME: LOLE LUC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZOII GRAD PULLE 2D CITY: MACYOLA STATE: MS COUNTY: PILE ZIP SQ COUNTY: WILE ZIP SQ COUNTY: WILL ZIP SQ CO	OWNER PHONE #: (228)	60-8200 0	WNER EMAIL:		2311.	
PRIME CONTRACTOR COMPANY LEGAL NAME: OZALL BULDES PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR PHONE #: (6) 60 Cold Cold Cold Cold Cold Cold Cold Cold	PRI	ME CONTRACTOR	R CONTACT INFO	RMATION		
PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR CITY: STATE: STATE: PRIME CONTRACTOR PHONE #: (6) MT Marine Contractor Email: FACILITY SITE INFORMATION FACILITY SITE NAME: FACILITY SITE INFORMATION FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO MARINOLIA STATE: MS COUNTY: PLE ZIP. SQ COUNTY: ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: ZIP. SQ CO	PRIME CONTRACTOR CONT	ACT PERSON: BR	DCE HALL			
PRIME CONTRACTOR STREET OR P.O. BOX: PRIME CONTRACTOR CITY: STATE: STATE: PRIME CONTRACTOR PHONE #: (6) MT Marine Contractor Email: FACILITY SITE INFORMATION FACILITY SITE NAME: FACILITY SITE INFORMATION FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO MARINOLIA STATE: MS COUNTY: PLE ZIP. SQ COUNTY: ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: PLE ZIP. SQ COUNTY: ZIP. SQ CO	PRIME CONTRACTOR COMP	ANY LEGAL NAME:	OZARK RU	ILDERS	5	
FACILITY SITE INFORMATION FACILITY SITE NAME: LEGIE LC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO (I CRADYVILE (2D CITY: MAGYOLIA STATE: MS COUNTY: PILE ZIP: SQ COUNTY: MAGYOLIA STATE: MS COUNTY: MS						
FACILITY SITE INFORMATION FACILITY SITE NAME: LOCE FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO(I CRADYVILE (2D) CITY: MAGYOLIB STATE: MS COUNTY: PILE ZIP: SQ COUNTY: MAGYOLIB STATE: MS COUNTY: MAGYOLIB STATE: MS COUNTY: MAGYOLIB STATE: MS COUNTY: MAGYOLIB STATE: MS COUNTY: MS COUN	PRIME CONTRACTOR CITY:		STATE:		ZIP:	
FACILITY SITE NAME: LOLE LC FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO (I CRAD VILLE (2D) CITY: MAGNOLIA STATE: MS COUNTY: PLE ZIP: SQ 60 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: Z ACCS IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? STIMATED CONSTRUCTION PROJECT START DATE: ESTIMATED CONSTRUCTION PROJECT START DATE: DESCRIPTION OF CONSTRUCTION ACTIVITY: S HOSE POLITRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	PRIME CONTRACTOR PHON	2 #: (60) 617 Blds	PRIME CONTRACTOR	R EMAIL:		
FACILITY SITE NAME: LOLL FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.) STREET: ZO(I) CRAD VILLE (2D) CITY: MAGNOLA STATE: MS COUNTY: PLE ZIP: SQCO FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: Z AZZS IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR 10 ESTIMATED CONSTRUCTION PROJECT START DATE: 2017-10-01 YYYY-MM-DD ESTIMATED CONSTRUCTION PROJECT END DATE: WB-06-01 YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: B HOSE POLITRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:		FACILITY SI	TE INFORMATION	v		
STREET: 2011 ENABLY VILE RD CITY: MAGNOLA STATE: MS COUNTY: PILE ZIP: \$66 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE:degreesminutesseconds LONGITUDE:degreesminutesseconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/State Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1:	FACILITY SITE NAME:					
STREET: 2011 GRADYVILE RD CITY: MAGNOLIA STATE: MS COUNTY: PILE ZIP: SQ 60 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 ACES IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR 10 ESTIMATED CONSTRUCTION PROJECT START DATE: 2017-10-01 YYYY-MM-DD ESTIMATED CONSTRUCTION PROJECT END DATE: 2017-10-01 TYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: 8 HOSE POULTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	Bridge	and identify an counties	the project traverses.)			near projects
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): LATITUDE:	STREET: 2011 CITY: MAGNOLIA	STATE: M	RD COUNTY:	PIVE	710	70149
LATITUDE:degreesminutesseconds LONGITUDE:degreesminutesseconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1:	FACILITY SITE TRIBAL LAND	ID (N/A If not applicat	le):	1100	ZH	39010
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12 ACCES 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: ESTIMATED CONSTRUCTION PROJECT END DATE: DESCRIPTION OF CONSTRUCTION ACTIVITY: 8 HOSE POULTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:				yrees min	utes secon	ade
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: ESTIMATED CONSTRUCTION PROJECT END DATE: DESCRIPTION OF CONSTRUCTION ACTIVITY: BYES NO NO 10 10 10 10 10 10 10 10 10 1						ius
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: ESTIMATED CONSTRUCTION PROJECT END DATE: DESCRIPTION OF CONSTRUCTION ACTIVITY: BHOSE POUTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	TOTAL ACREAGE THAT WILI	BE DISTURBED 1:	12 ACRES			
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 ESTIMATED CONSTRUCTION PROJECT START DATE: ESTIMATED CONSTRUCTION PROJECT END DATE: DESCRIPTION OF CONSTRUCTION ACTIVITY: BHOSE POUTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:					YES 🗆	NO 🗆
DESCRIPTION OF CONSTRUCTION ACTIVITY: B HOSE POUTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	IF YES, NAME OF LARGER CO AND PERMIT COVERAG	MMON PLAN OF DEV E NUMBER: MSR10	ELOPMENT:			
DESCRIPTION OF CONSTRUCTION ACTIVITY: B HOSE POUTRY FARM PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	ESTIMATED CONSTRUCTION	PROJECT START DA	re:		2017-10-6 YYYY-MM-DI	21
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	ESTIMATED CONSTRUCTION	PROJECT END DATE				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	DESCRIPTION OF CONSTRUC	ΓΙΟΝ ACTIVITY:	8 House Par	ILTRY F	ARM	
SIC Code NAICS Code						
	SIC Code NA	ICS Code				

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? IF YES, CHECK ALL THAT APPLY: WATER STATE OPERATING INDIVIDUAL NPDES IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEY OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulators D.	OTHER.
IF YES, CHECK ALL THAT APPLY: ☐ AIR ☐ HAZARDOUS WASTE ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES	PRETREATMENT OTHER
OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Bran IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, DOCUMENTATION THAT:	ch for permitting rooming
The project has how	MINOTRIATE
 The project has been approved by individual permit, or 	
 The work will be covered by a nationwide permit and NO NOTIFICATION to to The work will be covered by a nationwide permit and NO NOTIFICATION to to 	he Carne is
The work will be covered by a nationwide or general and a second a second and a second a second and a second a second and a second a second and	ac Corps is required, or
The work will be covered by a nationwide or general permit and NOTIFICATION IS A LAKE REQUIRING THE CONSTRUCTION OF THE PROPERTY OF THE	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 VIFTHE PROJECT IS A SUPPLY/ISION OF	VICE E
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOBE DISPOSED? Check one of the following and attach the pertinent documents.	OW WILL SANITARY SEWACE
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or approf LCNOI submittal, MDEQ will accept written acknowledgement from official(scollection and treatment that the flows generated from the proposed project can approperly. 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 of General Acceptance from the Mississippi State Department of Health or certification engineer that the platted lots should support individual onsite wastewater disposal Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Individ	cover of the NPDES discharge (Date:). s. Please attach a copy of the Letter atton from a registered professional systems. Lots. A determination of the ade by MDEQ. A copy of the

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 CO	ONTRACTOR INFORMATION
PRIME CONTRACTOR CONTACT PERSON.	OALITATION .
PRIME CONTRACTOR COMPANY.	PHONE NUMBER: ()
PRIME CONTRACTOR CITY.	
E-MAIL ADDRESS:	STATE: ZIP:
OW	NER INFORMATION
OWNER COMPANY NAME:	PHONE NUMBER: ()
	JECT INFORMATION
DESCRIPTION OF CONSTRUCTION ACTIVITY:	
PHYSICAL SITE ADDRESS (If the physical address ndicate the beginning of the project and identify all continuous controls are the project and identify all controls the physical address the physi	is not available indicate the nearest named road. For linear projects,
CITY:	COUNTY:
certify that I am the prime contractor for this project and vermit. I further certify under penalty of law that this document of the contract of the contract of the person of persons who manage the system of the person of persons who manage the system of the contract of the contract of the person of persons who manage the system of the contract of the contract of the contract of the person of the pe	will comply with all the requirements in the above referenced general NPDES ment and all attachments were prepared under my direction or supervision in personnel properly gathered and evaluated the information submitted. Based on those persons directly repropriets.
rime Contractor Signature ¹	Date Signed
inted Name ¹	
bis annication shall be	Title
his application shall be signed as follows: For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	This Prime Contractors Certification form shall be submitted to:

For a partnersnip, 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

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.

Clin Signature of Applicant (owner or prime contractor) Date Signed

Owner

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

NEAREST NAMED RECEIVING STREAM:			
IS RECEIVING STREAM ON MISSISSIPPL'S 303(d) LIST BODIES? (The 303(d) list of impaired waters and TMDL st http://www.deq.state.ans.us/MDEQ.raft/page/TWB_Total_Max.	ream segments may be found on Mi	YES□ DEQ's web site:	NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIV	ING STREAM SEGMENT?	YES□	NO□
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUWITHIN ½ MILE DOWNSTREAM OF PROJECT BOUND ACTIVITY?	UBLIC PONDS OR LAKES DRY THAT MAY BE IMPACTED	YES□ BY THE CONST	NO TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear pro-	ojects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDIT	Y IN STORM WATER?	YES□	NO□
IF YES, INDICATE THE TYPE OF FLOCCULANT.	☐ ANIONIC POLYACRYLI ☐ OTHER	MIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD O AND THE LOCATION OF WHERE FLOCCULATED MA	OF INTRODUCTION, THE LOCA TERIAL WILL SETTLE?	TION OF INTRO YES 🗆	DDUCTION NO

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.