	AL 75882				
	MSR10 80 2 2				
	Angularia decision de				
	(NUMBER TO BE ASSIGNED BY STATE)				
	APPLICANT IS THE: OWNER PRIME CONTRACTOR				
	OWNER CONTACT INFORMATION				
	OWNER CONTACT PERSON: Bill Gray BY:				
	OWNER COMPANY LEGAL NAME: Bill Gray, Inc.				
	OWNER STREET OR P.O. BOX: PO Box 784				
	Nav. Albania				
	000 400 4400				
-	OWNER PHONE #: (662) 489-1798 OWNER EMAIL: bill@billgrayinc.com				
	PRIME CONTRACTOR CONTACT INFORMATION				
	PRIME CONTRACTOR CONTACT PERSON: Adam Stubblefield				
	PRIME CONTRACTOR COMPANY LEGAL NAME: AHS Construction Company, LLC				
	PRIME CONTRACTOR STREET OR P.O. BOX: 5255 Hwy 346				
	PRIME CONTRACTOR CITY: Pontotoc STATE: MS ZIP: 38863				
	PRIME CONTRACTOR PHONE #: (662) 419-0841 PRIME CONTRACTOR EMAIL:				
	FACILITY SITE INFORMATION				
	FACILITY SITE NAME: Wild Bill #4				
	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: 365 Hwy 45 North Alt.				
	CITY: Starkville STATE: MS COUNTY: Lowndes ZIP: 39759				
	FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A				
	LATITUDE: 33 degrees 29 minutes 32 seconds LONGITUDE: -88 degrees 39 minutes 33 seconds				
	LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):				
	TOTAL ACREAGE THAT WILL BE DISTURBED 1: about 9 acres				
	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: MSR10				
	ESTIMATED CONSTRUCTION PROJECT START DATE: 2019-08-19				
	YYYY-MM-DD 2020-05-30				
	ESTIMATED CONSTRUCTION PROJECT END DATE:				
	DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing & grubbing; cut & fill earthwork operations; driveway & building site grading				
	PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: truck stop with gasoline and diesel fueling station, convenience store and deli.				
	SIC Code 5 4 1 2 NAICS Code 4 4 7 1 1 0				



NEAREST NAMED RECEIVING STREAM: unname	d tributaries to Catalpa Cre	ek	
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIS BODIES? (The 303(d) list of impaired waters and TMDL s http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Totat_Max	tream segments may be found on	YES□ MDEQ's web site:	NO⊡
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVE	VING STREAM SEGMENT?	YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATE/P WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUN ACTIVITY?	PUBLIC PONDS OR LAKES NDRY THAT MAY BE IMPACTI	YES□ ED BY THE CONS	NO TRUCTION
ACIIVII I :			
EXISTING DATA DESCRIBING THE SOIL (for linear program of soil is Kp82 and 8% KpC2, Kipling salty clay loam. See Wetland Assessment Survey d	rojects please describe in SWPPP one by Headwaters, Inc., deted April 5, 2019.): 	
EXISTING DATA DESCRIBING THE SOIL (for linear pr	one by Headwaters, Inc., dated April 5, 2019.): YES□	NO⊠
EXISTING DATA DESCRIBING THE SOIL (for linear present of soil is Kp82 and 8% KpC2, Kipling sity clay loam See Westand Assessment Survey of	one by Headwaters, Inc., dated April 5, 2019.	YES□	NO Ø

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.

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 L	NOI FOR A FACILITY THAT WILL	REOU	IRE OTHER PERMITS?			
					YES 🛭	NO 🗆
IF Y	ES, CHECK ALL THAT APPLY: \Box	AIR	☐ HAZARDOUS WASTE		PRETREA'	TMENT
	☐ WATER STATE OPERATING		INDIVIDUAL NPDES		OTHER:	/DEQ Discharge Partial
IS T	IE PROJECT REROUTING, FILLING NY KIND? (If yes, contact the U.S. Ar	OR C my Cor	ROSSING A WATER CONVEYAL ps of Engineers' Regulatory Branci	NCE b for po	YES 🗹 ermitting req	NO 🗆 puirements.)
IF T	IE PROJECT REQUIRES A CORPS C UMENTATION THAT:	F ENG	INEER SECTION 404 PERMIT, I	PROVI	DE APPROF	PRIATE
•	The project has been approved by indi	vidual	permit, or			
0	The work will be covered by a nationw	ide per	mit and NO NOTIFICATION to th	e Corp	s is required,	, or
<u> </u>	The work will be covered by a nationw	ide or g	eneral permit and NOTIFICATIO	N to th	e Corps is re	quired
IS A (If ye	LAKE REQUIRING THE CONSTRUC , provide appropriate approval docume	TION	OF A DAM BEING PROPOSED? from MDEQ Office of Land and \	Vater,	YES 🏻 Dam Safety.)	NO 🖸
IF TI BE D	IE PROJECT IS A SUBDIVISION OR ISPOSED? Check one of the following s	A COR	MERCIAL DEVELOPMENT, HO	ow w	ILL SANITA	RY SEWAGE
	Existing Municipal or Commercial Sys associated "Information Regarding Pro Hancock, Harrison, Jackson, Pearl River a of LCNOI submittal, MDEQ will accept collection and treatment that the flows properly. The letter must include the	pposed nd Stone it writte genera	Wastewater Projects" form or appi Counties. If the plans and specifica on acknowledgement from official(s ted from the proposed project can s	oval fr stions o respo	om County U an not be pro nsible for wa	itility Authority in ovided at the timustewater
Ø	Collection and Treatment System will permit from MDEQ or indicate the dat	e Cons	structed. Please attach a copy of the oppication was submitted to MDEQ	cover (Date:	of the NPDE:	S discharge)
	Individual Onsite Wastewater Disposal of General Acceptance from the Missis engineer that the platted lots should su	sippi St	ate Department of Health or certifi	cation	from a regist	opy of the Letter ered professiona
	Individual Onsite Wastewater Disposal feasibility of installing a central sewage response from MDEQ concerning the fis not feasible, then please attach a copcertification from a registered profession disposal systems.	collect easibili of the	ion and treatment system must be r ly study must be attached. If a cent Letter of General Acceptance from	nade b ral col the St	y MDEQ. A lection and w ate Departm	copy of the vastewater systen ent of Health or
INDI	CATE ANY LOCAL STORM WATER	ORDI	NANCE WITH WHICH THE PRO	JECT :	MUST COM	PLY:

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

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

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.

DESTRUCT CORPORA COPOR ENDOS DA APPRODE

FRINE CON	TRACTOR INFORMATION	l .						
PRIME CONTRACTOR CONTACT PERSON: A	dam Stubblefield PH	ONE NUMBER: 4190841						
PRIME CONTRACTOR COMPANY: 11-10 CONTRACTOR COMPANY: 12-10 CONTRACTOR C								
PRIME CONTRACTOR STREET (P.O. BOX):		MS _{ZIP:} 38863						
PRIME CONTRACTOR CITY: 1 OTROGO	STATE:	ZIP:						
E-MAIL ADDRESS:	CONTRACTOR OF THE PARTY OF THE							
OWNER INFORMATION								
OWNER CONTACT PERSON: Bill Gray	PHONE NU	MBER: (662) 489-1198						
OWNER COMPANY NAME: Bill Gray, Inc.								
OWNER COMMANT IVANIE,								
PROJ	ECT INFORMATION							
PROJECT NAME: Wild Bill #4								
DECEMPION OF CONCEDUCTION ACTIVITY.	clearing and grubbing	operations: cut and fill						
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing and grubbing operations; cut and fill earthwork operations; driveway construction; site development.								
earnwork operations, driveway constitution, site development.								
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: 365 Hwy 45 North Alt.								
CITY: Starkville, MS 39759	COUNTY: Lowndes							
CIII:	COOMIT							
I certify that I am the prime contractor for this project and permit. I further certify under penalty of law that this doce accordance with a system designed to assure that qualified my inquiry of the person or persons who manage the system information submitted is, to the best of my knowledge and it penalties for submitting false information, including the po	sment and all attachments were prepare personnel properly gathered and evalua n, or those persons directly responsible f belief, true, accurate and complete. I an sability of fine and imprisonment for ku	d under my direction or supervision in ted the information submitted. Based on or gathering the information, the i aware that there are significant owing violations.						
Prime Contractor Signature	Date Signed	5/11						
Adam Stubble Gald	Date Signed	IAGER						

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.

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

RECEIVED SEP 26 2019

Dept. of Environmental Quality