AI #76514 GnP20190001

MSR10 4 1 2 2

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OW	NER PRIME CONTRACTOR	
OWN	ER CONTACT INFORMATION	
OWNER CONTACT PERSON: Chad F	ischer	
OWNER COMPANY LEGAL NAME: W	oolsey Road Group, LLC	
	Midsouth Drive; Suite 116	
OWNER CITY: Olive Branch	STATE: MS	ZIP: 38654
OWNER PHONE #: (901) 208-1578		stower.com
PRIME CONT	TRACTOR CONTACT INFORMAT	ION
PRIME CONTRACTOR CONTACT PERSO	ON: Chad Fischer	
PRIME CONTRACTOR COMPANY LEGA		
PRIME CONTRACTOR STREET OR P.O.		
PRIME CONTRACTOR CITY: Olive Bra	anch STATE: MS	ZIP: 38654
PRIME CONTRACTOR PHONE #: (901)2		L: cfischer@sstower.com
FAC	CILITY SITE INFORMATION	
FACILITY SITE NAME: The Villages at Hav	wks Crossing - Phase 6	
PACILITY SITE NAME: THE VINEGES OF HER	with Crossing - I mase o	
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify	address is not available, please indicate the near y all counties the project traverses.)	est named road. For linear project
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; app	address is not available, please indicate the near y all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269	
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; app CITY: Olive Branch STAT	address is not available, please indicate the near y all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 E: MS	est named road. For linear project ZIP: 38654
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; appropriate CITY: Olive Branch STAT FACILITY SITE TRIBAL LAND ID (N/A If	address is not available, please indicate the nearly all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 E: MS	ZIP: 38654
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; appropriate CITY: Olive Branch STAT FACILITY SITE TRIBAL LAND ID (N/A If LATITUDE: 34 degrees 52 minutes 18	address is not available, please indicate the nearly all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 TE: MS COUNTY: Desoto Tot applicable): N/A seconds LONGITUDE: 89 degrees 5	ZIP: 38654 1_minutes 03_seconds
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; appropriate CITY: Olive Branch STAT FACILITY SITE TRIBAL LAND ID (N/A If LATITUDE: 34 degrees 52 minutes 18 LAT & LONG DATA SOURCE (GPS (Please G.	address is not available, please indicate the nearly all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 E: MS	ZIP: 38654 1_minutes 03_seconds
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FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; appropriate CITY: Olive Branch STAT FACILITY SITE TRIBAL LAND ID (N/A If LATITUDE: 34 degrees 52 minutes 18 LAT & LONG DATA SOURCE (GPS (Please G. TOTAL ACREAGE THAT WILL BE DISTURED TO A LARGER COMMON IN ITS THIS PART OF A LARGER COMMON IN ITS YES, NAME OF LARGER COMMON PLAND PERMIT COVERAGE NUMBER SESTIMATED CONSTRUCTION PROJECT	address is not available, please indicate the nearly all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 The image of the project traverses. The county: Desoto of the project Entrance (N/A) Seconds LONGITUDE: 89 degrees of the project Entrance (Start Point) or Map Interpolation): URBED 1: ±26 acres PLAN OF DEVELOPMENT: The Village of R: MSR10	ZIP: 38654 1_minutes 03_seconds YES \(\subseteq \) NO \(\text{D} \) f Hawks Crossing 2019-05-01 YYYY-MM-DD 2020-05-01
FACILITY SITE ADDRESS (If the physical a indicate the beginning of the project and identify STREET: east side of Craft Road; appropriate CITY: Olive Branch STAT FACILITY SITE TRIBAL LAND ID (N/A If	address is not available, please indicate the nearly all counties the project traverses.) prox. 2,100 l.f. north of Interstate I-269 The man applicable in the project traverses. The man applicable in the project Entrance in the project Entranc	ZIP: 38654 1 minutes 03 seconds YES NO E Hawks Crossing 2019-05-01 YYYY-MM-DD 2020-05-01 YYYY-MM-DD



у, а	IllanoitibbA .aganisri	Acreage for subdivision development includes areas disturbed by construction of roads, utilities and di
NOLLION	VES□ VIION OF INTROI	IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCA
	IMIDE (PAM)	IF YES, INDICATE THE TYPE OF FLOCCULANT. ☐ ANIONIC POLYACRYL
⊠ON	□S∃X.	WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?
		Silty Loam + (Richland Silt Loam & Collins ailt Ioam)
NO∐ON NO⊡	O BA LHE CONSLI AES□	ACTIVITY? WITHIN !: MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED WITHIN !: MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED AND IN
☑ON	∠S∃X	HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?
⊡ON	IDEQ's web site:	IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER http://www.deq.state.ms.us/MDEQ.nst/page/TWB_Total_Maximum_Daily_Load_Section)
		NEAREST NAMED RECEIVING STREAM: Unnamed tributary of Coldwater River

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 LO	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		YES □	NO 🗹
IF Y	ES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE		PRETREATME	NT
	□ WATER STATE OPERATING □ INDIVIDUAL NPDES		OTHER:	
IS TI OF A	HE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	NCE h for pe	YES crmitting requires	NO ☑ nents.)
IF TI	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, UMENTATION THAT:	PROVI	DE APPROPRIA	TE
•	The project has been approved by individual permit, or			
•	The work will be covered by a nationwide permit and NO NOTIFICATION to the	ne Corp	s is required, or	
•	The work will be covered by a nationwide or general permit and NOTIFICATIO	N to th	e Corps is require	d
IS A (If ye	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and	Water, i	YES 🗆 Dam Safety.)	NO 🗹
IF TI BE D	HE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HUSPOSED? Check one of the following and attach the pertinent documents.	ow wi	ILL SANITARY S	SEWAGE
Ø	Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or app Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specific of LCNOI submittal, MDEQ will accept written acknowledgement from official(scollection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow.	roval fr ations c	om County Utility an not be provide asible for wastew	Authority in d at the time
	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	cover (Date:	of the NPDES disc	charge)
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lo of General Acceptance from the Mississippi State Department of Health or certif engineer that the platted lots should support individual onsite wastewater disposa	ication :	from a registered	f the Letter professional
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cen is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should s disposal systems.	made by trai coll	y MDEQ. A copy lection and wastev	of the vater system f Health or
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PRO	JECT !	MUST COMPLY	:
ORDI	NANCE ESTABLISHING STORMWATER CONTROLS AND MANAGEMENT PRACTICE	SFOR		
DESO	TO COUNTY, MISSISSIPPI*, adopted by the County on December 19, 2005			

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 Applicant¹ (owner or prime contractor)

11/25/2019

Date Signed

Chad Fischer

Printed Name

Min.y

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 Desoto

(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 CONTRACTOR I	NFORMATION	V		
PRIME CONTRACTOR CONTACT PERSON: Chad Fischer	PH	ONE NUMBE	R: (90°	1,208-1578
PRIME CONTRACTOR COMPANY: Crest Construction				
PRIME CONTRACTOR STREET (P.O. BOX): P.O. Box 24			e e	
PRIME CONTRACTOR CITY: Olive Branch	STATE:	MS	ZIP:	38654
E-MAIL ADDRESS: cfischer@sstower.com				
OWNER INFORM	IATION			
OWNER CONTACT PERSON: Chad Fischer	PHONE NI	UMBER: (901	208-	1578
OWNER COMPANY NAME: Woolsey Road Group, LLC	INONE III	MDER.	,	
PROJECT INFORM	MATION			
PROJECT NAME: The Village at Hawks Crossing - Phase	6			
DESCRIPTION OF CONSTRUCTION ACTIVITY: earthwork &		n for reside	ntial s	subdivision
DESCRIPTION OF CONSTRUCTION ACTIVITY:				
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the beginning of the project and identify all counties the project street; east side of Craft Road; approx. 2,100 l.f. north	ect traverses.)		For lin	ear projects,
CITY: Olive Branch COUNTY: D	esoto			446474
I certify that I am the prime contractor for this project and will comply with a permit. I further certify under penalty of law that this document and all attac accordance with a system designed to assure that qualified personnel properly my inquiry of the person or persons who manage the system, or those persons information submitted is, to the best of my knowledge and belief, true, accura penalties for submitting false information, including the possibility of fine and	chments were prepar gathered and evaluation directly responsible te and complete. I at imprisonment for k	ed under my directed the information gathering the may are that the	ection o tion sub inform re are s	r supervision in mitted. Based on ation, the
Prime Contractor Signature ¹	Date Signed			
Chad Fischer	M.	· y .		
Printed Name ¹	Title			
³ This application shall be signed as follows: This P - For a corporation, by a responsible corporate officer.	rime Contractors Certi	fication form shall	be subm	itted 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