\* AT# 78676 GNP20210001

Γ	JAN I T ECEP STATES					
	APPLICANT IS THE:					
OWNER CONTACT INFORMATION						
	owner contact person: James R. McIntosh					
	OWNER COMPANY LEGAL NAME: McIntosh Construction, Inc.					
	OWNER STREET OR P.O. BOX: 104 Colony Way					
	OWNER CITY: Brandon STATE: Mississippi ZIP: 39047					
	OWNER PHONE #: (601) 956-0609 OWNER EMAIL: constrmci84@aol.com					
PRIME CONTRACTOR CONTACT INFORMATION						
	PRIME CONTRACTOR CONTACT PERSON: Matthew McIntosh					
	PRIME CONTRACTOR COMPANY LEGAL NAME: McIntosh Construction, Inc.					
	PRIME CONTRACTOR STREET OR P.O. BOX: 104 Colony Way					
	PRIME CONTRACTOR CITY: Brandon STATE: Mississippi ZIP: 39047					
	PRIME CONTRACTOR PHONE #: (601) 850-1415 PRIME CONTRACTOR EMAIL: constrmci84@aol.com					
FACILITY SITE INFORMATION						
	FACILITY SITE NAME: Sullivan's Marketplace					
	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: 155 Calhoun Station Parkway					
	CITY: Madison STATE: Mississippi COUNTY: Madison ZIP: 39110					
	FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A					
	LATITUDE: 32 degrees 31 minutes 10 seconds LONGITUDE: 90 degrees 06 minutes 13 seconds					
	LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):					
	TOTAL ACREAGE THAT WILL BE DISTURBED 1: 5.31					
	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: 2021-20-01 YYYY-MM-DD					
	ESTIMATED CONSTRUCTION PROJECT END DATE: 2021-08-01 YYYY-MM-DD					
	DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of Grocery Store and associated parking lot					
	PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Retail Grocery Store					
	SIC Code NAICS Code					



NEAREST NAMED RECEIVING STREAM: Bear Creek				
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 MDEQ's web site:  http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)				
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES□ NO□				
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES $\square$ 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 POLYACRYLIMIDE (PAM)  OTHER				
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE? YES $\square$ NO $\square$				

<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 FOI	R A FACILITY THAT WIL	DECLUDE OTTE	D DEDLETTO			
	KAPACIDITI INAI WIL	L REQUIRE OTHE	R PERMITS?	YES □	NO 🗹	
IF YES, CHEC	K ALL THAT APPLY:	AIR HA	ZARDOUS WASTE		—	
$\square$ WA	TER STATE OPERATING		AL NPDES	OTHER:		
IS THE PROJE OF ANY KIND	ECT REROUTING, FILLIN? (If yes, contact the U.S. A	G OR CROSSING A	A WATER CONVEY	YANCE YES  anch for permitting requirement	NO 🗹	
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:						
• The proj	ect has been approved by ind	lividual permit, or				
• The worl	will be covered by a nation	wide permit and NO	NOTIFICATION to	the Corps is required, or		
• The work	will be covered by a nation	wide or general pern	nit and NOTIFICAT	ION to the Corps is required		
IS A LAKE RE (If yes, provide	QUIRING THE CONSTRU appropriate approval docun	CTION OF A DAM tentation from MDE	BEING PROPOSEI Q Office of Land an	D? YES 🗖 d Water, Dam Safety.)	NO 🗹	
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.						
Hancock, l of LCNO collection	n Antormation Regarding Pi Harrison, Jackson, Pearl River : I submittal, MDEO will acce	roposed Wastewater and Stone Counties. I pt written acknowle s generated from the	Projects" form or a f the plans and speci deement from officie	ions for the collection system a pproval from County Utility Au fications can not be provided al(s) responsible for wastewate an and will be transported and	uthority in at the time	
☐ Collection permit from	n and Treatment System will om MDEQ or indicate the da	be Constructed. Ple te the application w	ase attach a copy of as submitted to MDI	the cover of the NPDES disch	arge )	
or Genera	ll Onsite Wastewater Disposs al Acceptance from the Missi that the platted lots should so	ssippi State Departn	nent of Health or cer	Lots. Please attach a copy of t tification from a registered prosal systems.	the Letter rofessional	
response : is not feas	of installing a central sewag from MDEQ concerning the sible, then please attach a cop on from a registered profess	e collection and trea feasibility study mu by of the Letter of G	itment system must l st be attached. If a c eneral Accentance fr	35 Lots. A determination of the made by MDEQ. A copy of the control collection and wastewards the State Department of Health and The State Department of Hea	f the iter system Health or	
INDICATE AN	Y LOCAL STORM WATER	R ORDINANCE WI	ГН WHICH THE PI	ROJECT MUST COMPLY:		
				1		

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

Signature of Applicant<sup>1</sup> (owner or prime contractor)

1 7 21 Date Signed

JAMES R. McIntosh

Prosident

<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

(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 any person who causes pollution of waters of the state or places waste laws and regulation where they are likely to cause pollution of any 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: James R. McIntosh PHONE NUMBER: 601,956-0609						
PRIME CONTRACTOR COMPANY: McIntosh Construction, Inc.						
PRIME CONTRACTOR STREET (P.O. BOX): 104 Colony Way						
PRIME CONTRACTOR CITY: Brandon STATE: MS ZIP: 39047						
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OWNER INFORMATION						
OWNER CONTACT PERSON: James R. McIntosh  PHONE NUMBER: (601) 956-0609						
OWNER COMPANY NAME: McIntosh Construction, Inc.						
PROJECT INFORMATION						
PROJECT NAME: Sullivan's Marketplace						
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of Grocery Store and associated parking lot						
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: 155 Calhoun Station Parkway						
CITY: Madison COUNTY: Madison						
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.						
This application shall be about 1 of 12						

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