Al: 18987

MSR10 8 3 8 3

(NUMBER TO BE ASSIGNED BY STATE)

ADDI ICANT IC TITE							
APPLICANT IS THE: OWNER PRIME CONTRAC	TOR						
OWNER CONTACT INFORMATION							
OWNER CONTACT PERSON: AUSTIN WILSON							
OWNER COMPANY LEGAL NAME: WILSON DEVELOPMENT	-						
OWNER STREET OR P.O. BOX: 9035 HWY 61							
OWNER CITY: WALLS STATE: MS							
OWNER PHONE #: (901) 334 - 8180 OWNER EMAIL: gustindwilson 3@ aol. com							
PRIME CONTRACTOR CONTACT INFO	RMATION						
PRIME CONTRACTOR CONTACT PERSON: SCOTTY CLEVEL							
PRIME CONTRACTOR COMPANY LEGAL NAME: CLEVELAND C	COUSTRUCTION IN.						
PRIME CONTRACTOR STREET OR P.O. BOX: 1974 CIZAYS CE	BEK RD						
PRIME CONTRACTOR CITY: LEDIAND STATE:	M5 ZIP: 3863Z						
PRIME CONTRACTOR PHONE #: (901) 493-17487 PRIME CONTRACTOR	EMAIL: Scottu@ clevelandconstruc						
FACILITY SITE INFORMATION	V						
FACILITY SITE NAME: Bright Road Property							
FACILITY SITE ADDRESS (If the physical address is not available, please indicate indicate the beginning of the project and identify all counties the project traverses.)	the nearest named road. For linear projects						
STREET: Northeast of the intersection of Bright Road and Jaybird Road CITY: Hernando STATE: MS COUNTY: D							
	eSoto ZIP: 38632						
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):							
LATITUDE: 34 degrees 50 minutes 45 seconds LONGITUDE: 89 deg							
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interp	polation): Near Map						
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 22.27±							
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:	2021/4/1 YYYYAMM-DD						
ESTIMATED CONSTRUCTION PROJECT END DATE:	2021/10/1 YYYY-MM+DD						
DESCRIPTION OF CONSTRUCTION ACTIVITY: Mass grading for future developments	pment						
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION H Bright Road Property Residential Development	HAS BEEN COMPLETED:						
SIC Code 1 5 2 1 NAICS Code 2 3 6 1 1 5							

NEAREST NAMED RECEIVING STREAM: Coldwater River							
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OBODIES? (The 303(d) list of impaired waters and TMDL streathtp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximu	F IMPAIRED WATER Im segments may be found on MDE Im_Daily_Load_Section)	YES□ CQ's web site:	NOE				
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING	G STREAM SEGMENT?	YES□	NO				
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUB WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDR ACTIVITY?	LIC PONDS OR LAKES Y THAT MAY BE IMPACTED B	YES ^[] Y THE CONST	NO☑ TRUCTION				
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): See Appendix I - Web Soil Survey Data in SWPPP.							
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY	IN STORM WATER?	YES□	NO₽				
IF YES, INDICATE THE TYPE OF FLOCCULANT.	☐ ANIONIC POLYACRYLIM ☐ OTHER	IDE (PAM)					
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF AND THE LOCATION OF WHERE FLOCCULATED MATI	INTRODUCTION, THE LOCATI ERIAL WILL SETTLE?	ON OF INTRO YES 🗆	ODUCTION 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.

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

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13 14	CNOI FOR A FACIL	AII IMAI W	ILL KEQ	UIKE UI HEK	PERMITS!		yes 🗹	NO □	
IF Y	ES, CHECK ALL TH	IAT APPLY:		□ HAZ	ARDOUS WASTE		PRETREATME	ENT	
i	□ WATER STAT	E OPERATIN	iG C] INDIVIDUA	L NPDES		OTHER:		
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE YES NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)									
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:									
•	The project has bee	n approved by	individua	l permit, or					
•	The work will be co	vered by a nati	ionwide po	ermit and NO N	OTIFICATION to	the Corps	is required, or		
•	The work will be co	vered by a nati	ionwide or	general permi	t and NOTIFICATI	ON to the	Corps is require	ed	
IS A (If ye	LAKE REQUIRING s, provide appropria	THE CONSTI	RUCTION Cumentation	NOF A DAM E	EING PROPOSED Office of Land and	? Water, D	YES □ Dam Safety.)	NO 🖸	
IF TI BE D	HE PROJECT IS A S ISPOSED? Check of	UBDIVISION to the follow	OR A CC	MMERCIAL I	DEVELOPMENT, I ent documents.	IW WOF	LL SANITARY	SEWAGE	
Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.									
	Collection and Trea permit from MDEQ	tment System or indicate the	will be Co e date the	nstructed. Plea application wa	se attach a copy of the submitted to MDE	he cover o Q (Date: ַ	f the NPDES dis	charge)	
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.								
	Individual Onsite W feasibility of installi- response from MDE is not feasible, then certification from a disposal systems.	ng a central se :Q concerning please attach a	wage colle the feasibi copy of th	ction and treat lity study must le Letter of Ger	ment system must be be attached. If a ce teral Acceptance fro	made by intral colle in the Sta	MDEQ. A copy ection and waste te Department of	of the water system of Health or	
INDI	CATE ANY LOCAL	STORM WAT	TER ORD	INANCE WIT	H WHICH THE PR	OJECT N	UST COMPLY	:	

			·						

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)

2 - 23 -Date Signed

Printed Name

OWNER/MEMBER

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