MSR10 <u>8505</u>

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ✓ OWNER ☐ PRIME CONTRACT	OR								
OWNER CONTACT INFORMATIO	V								
OWNER CONTACT PERSON: JOHN PORTER									
OWNER COMPANY LEGAL NAME: Porter Construction MS, LLC									
OWNER STREET OR P.O. BOX: 9695 Poplar Ave									
	ZIP: 38139								
OWNER CITY: Germantown STATE: TN ZIP: 38139 OWNER PHONE #: (901) 277-8743 OWNER EMAIL: johnporter253@gmail.com									
PRIME CONTRACTOR CONTACT INFORMATION									
PRIME CONTRACTOR CONTACT PERSON: N/A									
PRIME CONTRACTOR COMPANY LEGAL NAME: N/A									
PRIME CONTRACTOR STREET OR P.O. BOX: N/A									
	ZIP: N/A								
PRIME CONTRACTOR CITY: N/A STATE: N/A PRIME CONTRACTOR PHONE #: () N/A PRIME CONTRACTOR F	EMAIL: N/A								
FACILITY SITE INFORMATION									
FACILITY SITE NAME: Farley Road Subdivision									
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the indicate the beginning of the project and identify all counties the project traverses.)	e nearest named road. For linear projects								
STREET: Intersection os Farley Road & Barringer Road									
CITY: Byhalia STATE: MS COUNTY: Mai	rshall ZIP: 38611								
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):									
LATITUDE: 34 degrees 57 minutes 13 seconds LONGITUDE: 89 degr	ees 39 minutes 16 seconds								
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpo	lation): Google Earth								
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 30.18									
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:	2021-08-01 YYYY-MM-DD								
ESTIMATED CONSTRUCTION PROJECT END DATE:	2022-03-30 YYYY-MM-DD								
DESCRIPTION OF CONSTRUCTION ACTIVITY:									
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS single family residential development	AS BEEN COMPLETED:								
SIC Code NAICS Code									

NEAREST NAMED RECEIVING STREAM: Tributary to Cold Water River		
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 Mhttp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ DEQ's web site:	NO☑
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTEI ACTIVITY?	YES□ OBY THE CONS	NO□ STRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NOZ
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYL OTHER	IMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTR 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

IS LC	NOI FOR A FACILITY THAT WILL	REQI	JIRE OTHER PERMITS?		YES □	NO 🗹		
IF YI	S, CHECK ALL THAT APPLY:	AIR	☐ HAZARDOUS WASTE		PRETREATME	ENT		
	\square water state operating		INDIVIDUAL NPDES		OTHER:			
IS TH	IE PROJECT REROUTING, FILLING NY KIND? (If yes, contact the U.S. Arm	OR (ny Co	CROSSING A WATER CONVEYAN rps of Engineers' Regulatory Branch	ICE I for po	YES □ ermitting require	NO ☑ ments.)		
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:								
•	The project has been approved by indiv	v idu al	permit, or					
 The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or 								
• The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required								
IS A : (If ye	LAKE REQUIRING THE CONSTRUC s, provide appropriate approval docume	TION ntatio	OF A DAM BEING PROPOSED? on from MDEQ Office of Land and V	Vater,	YES 🗆 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.								
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 Treatment System will be permit from MDEQ or indicate the date	e Cor	nstructed. Please attach a copy of the application was submitted to MDEQ	cover (Date:	of the NPDES dis	scharge)		
	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 Wastewater Disposal feasibility of installing a central sewage response from MDEQ concerning the fis not feasible, then please attach a copy certification from a registered profession disposal systems.	collection collections collection	ction and treatment system must be i lity study must be attached. If a cent e Letter of General Acceptance from	nade b tral col the St	y MDEQ. A copy lection and waste ate Department	y of the water system of Health or		
INDI	CATE ANY LOCAL STORM WATER	ORD	INANCE WITH WHICH THE PRO	JECT	MUST 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:

imprisonment for knowing violations:

10/8/2021

Signature of Applicant¹ (owner or prime contractor)

John Porter

Printed Name¹

Title

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