MSR10 ____

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:		CR	PRIME CONTI	RACTOR			
	OWNER	CON	TACT INFORM	ATION			
OWNER CONTACT PERSO	N:						
OWNER COMPANY LEGAL	L NAME:						
OWNER STREET OR P.O. E	80X:						
		STATE:					
OWNER PHONE #: ()		(OWNER EMAIL:				
			OR CONTACT IN				
PRIME CONTRACTOR CO	NTACT PERSON:						
PRIME CONTRACTOR CO							
PRIME CONTRACTOR STR	REET OR P.O. BO	X:					
PRIME CONTRACTOR CIT	PRIME CONTRACTOR CITY: STATE:				ZIP:		
PRIME CONTRACTOR PHO	ONE #: ()		PRIME CONTRAC	CTOR EMAI	L:		
	FACIL	ITY S	SITE INFORMA	ΓΙΟΝ			
FACILITY SITE NAME:							
FACILITY SITE ADDRESS indicate the beginning of the pro-	(If the physical addr	ess is no	ot available, please ind	dicate the near	est named road	l. For linear	projects
STREET:							
					ZIP:		
FACILITY SITE TRIBAL LA							
LATITUDE: degrees							
LAT & LONG DATA SOUR							
TOTAL ACREAGE THAT W		-					
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:			YES		NO 🗆		
IF YES, NAME OF LARGER AND PERMIT COVER	R COMMON PLAP RAGE NUMBER: 1	MSR10	EVELOPMENT:				
ESTIMATED CONSTRUCT	ION PROJECT ST	ART D	DATE:		YYY	Y-MM-DD	
ESTIMATED CONSTRUCT	ION PROJECT EN	ND DAT	ſ E :		VVV	Y-MM-DD	
DESCRIPTION OF CONSTR	RUCTION ACTIV	TY:					
PROPOSED DESCRIPTION							
SIC Code	NAICS Code						

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NEAREST NAMED RECEIVING STREAM:							
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST C BODIES? (The 303(d) list of impaired waters and TMDL strea http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximu	DF IMPAIRED WATER am segments may be found on MDE um_Daily_Load_Section)	YES□ Q's web site:	NO□				
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVIN	G STREAM SEGMENT?	YES□	NO□				
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUB WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDR ACTIVITY?	LIC PONDS OR LAKES AY THAT MAY BE IMPACTED BY	YES□ Y THE CONSTRU	NO□ UCTION				
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 POLYACRYLIM □ OTHER	· /					
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF AND THE LOCATION OF WHERE FLOCCULATED MAT	INTRODUCTION, THE LOCATION ERIAL WILL SETTLE?	ON OF INTROD YES □	UCTION NO 🗆				

 1 Acreage 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 LO	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		
	<u> </u>	YES 🗆	NO 🗆
IF YI	ES, CHECK ALL THAT APPLY: \Box AIR \Box HAZARDOUS WASTE	□ PRETREATMEN	Т
	□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:	
	IE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYA NY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branc		NO 🗆 ents.)
	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, 1 UMENTATION THAT:	PROVIDE APPROPRIAT	ΓE
•	The project has been approved by individual permit, or		
•	The work will be covered by a nationwide permit and NO NOTIFICATION to the	e Corps is required, or	
•	The work will be covered by a nationwide or general permit and NOTIFICATIO	N to the Corps is required	ł
	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and V	YES □ Water, Dam Safety.)	NO 🗆
	IE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, He ISPOSED? Check one of the following and attach the pertinent documents.	OW WILL SANITARY S	EWAGE
	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(s collection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow.	roval from County Utility A ations can not be provided s) responsible for wastewa	Authority in 1 at the time ater
	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	e cover of the NPDES disc (Date:	harge)
	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 dispose	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 cent 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 MDEQ. A copy tral collection and wastew n the State Department of	of the vater system Health or
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PRO	DJECT 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.

Signature of Applicant¹ (owner or prime contractor)

Date Signed

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