MSR10 8 0 4 3

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☑ OWNER ☑ PRIME CONTRA	CTOR			
OWNER CONTACT INFORMAT	ON			
OWNER CONTACT PERSON: Comer L. Carter - Assistant Secretary				
OWNER COMPANY LEGAL NAME: DR Horton, Inc Mississippi/Mo	bile Division			
OWNER STREET OR P.O. BOX: 953 Tommy Munro Dr				
mu i	ZIP: 395	32		
OWNER CITY: BIIOXI STATE: MS OWNER PHONE #: (251) 298-3507 OWNER EMAIL: CICA	ter@drhorton.com			
PRIME CONTRACTOR CONTACT INFO	RMATION			
PRIME CONTRACTOR CONTACT PERSON: Comer L. Carter - Assist	ant Secretary			
PRIME CONTRACTOR COMPANY LEGAL NAME: DR Horton, Inc Mis				
PRIME CONTRACTOR STREET OR P.O. BOX: 953 Tommy Munro Dr				
PRIME CONTRACTOR CITY: Biloxi STATE: M	S ZIP: 39	532		
PRIME CONTRACTOR PHONE #: (251) 298-3507 PRIME CONTRACTOR EMAIL: clcarter@drhorton.com				
FACILITY SITE INFORMATION	N			
FACILITY SITE NAME: DR Horton - Gulf Park Estates				
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: North 7th Street				
CITY: Ocean Springs STATE: MS COUNTY:	Jackson ZIP:	39564		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A	4.5			
LATITUDE: 30 degrees 23 minutes 39.5 seconds LONGITUDE: 88 degrees 45 minutes 30.3 seconds				
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Int	erpolation): Google Earth			
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 6.00				
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:	2022-02-18			
ECTIVAL MED CONCEDITORION DO VIDOR END DATE	YYYY-MM-DD 2026-03-30			
ESTIMATED CONSTRUCTION PROJECT END DATE:	YYYY-MM-DD			
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of homes in a residential subdivision.				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: Single-family residential subdivision				
SIC Code NAICS Code				

NEAREST NAMED RECEIVING STREAM: Simmons Ba	ayou		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST BODIES? (The 303(d) list of impaired waters and TMDL str http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maxim	OF IMPAIRED WATER eam segments may be found on I num_Daily_Load_Section)	YES MDEQ's web site:	NO☑
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVE	NG STREAM SEGMENT?	YES□	NO⊡
ARE THERE RECREATIONAL STREAMS, PRIVATE/PU WITHIN ¼ MILE DOWNSTREAM OF PROJECT BOUND ACTIVITY?	BLIC PONDS OR LAKES ORY THAT MAY BE IMPACTE	YES□ D BY THE CONS	NO□ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear pro	jects please describe in SWPPP)	: 	
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY	Y IN STORM WATER?	YES□	NO₽
IF YES, INDICATE THE TYPE OF FLOCCULANT.	□ ANIONIC POLYACRY □ OTHER	LIMIDE (PAM)	· · · · · ·
IF YES, DOES THE SWPPP DESCRIBE THE METHOD O AND THE LOCATION OF WHERE FLOCCULATED MA	OF INTRODUCTION, THE LOC TERIAL 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

1910	NOI FOR A FACILITY THAT WILI	DEOL	DE OTHED DEDMITE?		
IO LC	NOIFORA FACILITI IIIAI WILI	REQUI	RE OILLE FERWIIS:	YES □	NO 🗹
IF YI	S, CHECK ALL THAT APPLY: \Box	AIR	☐ HAZARDOUS WASTE	□ PRETREATMEN	r
	\square water state operating		INDIVIDUAL NPDES	OTHER:	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)					
IF TH	E PROJECT REQUIRES A CORPS OF UMENTATION THAT:	OF ENG	INEER SECTION 404 PERMIT,	PROVIDE APPROPRIAT	E
•	The project has been approved by ind	ividual p	ermit, or		
•	The work will be covered by a nation	vide per	mit and NO NOTIFICATION to the	ne Corps is required, or	
•	The work will be covered by a nation	vide or g	eneral permit and NOTIFICATIO	N to the Corps is required	
IS A	AKE REQUIRING THE CONSTRU , provide appropriate approval docum	CTION (entation	OF A DAM BEING PROPOSED? from MDEQ Office of Land and	YES □ 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.					
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 permit from MDEQ or indicate the da	be Cons te the ap	tructed. Please attach a copy of th oplication was submitted to MDEC	e cover of the NPDES disch (Date:	arge)
	Individual Onsite Wastewater Dispose of General Acceptance from the Missi engineer that the platted lots should s	ssippi St	ate Department of Health or certif	fication from a registered p	the Letter rofessional
	Individual Onsite Wastewater Disposs feasibility of installing a central sewag response from MDEQ concerning the is not feasible, then please attach a cocertification from a registered profess disposal systems.	e collect feasibili by of the	ion and treatment system must be ty study must be attached. If a cer Letter of General Acceptance froi	made by MDEQ. A copy on training training training training to the state Department of 1	f the ter system Tealth or
INDI	CATE ANY LOCAL STORM WATER	ORDIN	NANCE 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, 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)

Comer L. Carter

Assistant Secretary

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

(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 CONTRACT				
PRIME CONTRACTOR CONTACT PERSON: Comer L. Carter PHONE NUMBER: 251, 298-3507 PRIME CONTRACTOR COMPANY: DR Horton, Inc Mississippi/Mobile Division				
PRIME CONTRACTOR STREET (P.O. BOX): 953 Tommy	/ Munro Dr			
PRIME CONTRACTOR STREET (P.O. BOX): PRIME CONTRACTOR CITY: Biloxi	STATE: MS ZIP: 39532			
E-MAIL ADDRESS: clcarter@drhorton.com	STATE: ZIP:			
	ORMATION			
OWNER CONTACT PERSON: Comer L. Carter	PHONE NUMBER: (251) 298-3507			
OWNER COMPANY NAME: DR Horton, Inc Mississi	ppi/Mobile Division			
PROJECT IN	FORMATION			
PROJECT NAME: DR Horton - Gulf Park Estates				
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of homes in a residential subdivision				
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: North 7th Street				
CITY: Ocean Springs COUNT	ry: Jackson			
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.				
Prime Contractor Signature	2/8/2022			
	Date Signed			
Comer L. Carter	Assistant Secretary			
Printed Name	Title			
 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. 	This Prime Contractors Certification form shall be submitted to: Chlef, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control			
 For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official. 	P.O. Box 2261 Jackson, Mississippi 39225			

Revised: 10/25/16