

# MSR10 8 477 (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:								
OWNER CONTACT INFORMATION								
OWNER CONTACT PERSON: Thomas Crowson								
OWNER COMPANY LEGAL NAME: N/A		0						
OWNER STREET OR P.O. BOX: 5016 4th Place	***************************************							
OWNER CITY: Meridian STATE: Mississippi	OWNER CITY: Meridian STATE: Mississippi ZIP: 39305							
OWNER PHONE #: (601 )479-3305 OWNER EMAIL: thomas.crowson@	OWNER CITY: Meridian STATE: Mississippi ZIP: 39305  OWNER PHONE #: (601 )479-3305 OWNER EMAIL: thomas.crowson@gmail.com							
PRIME CONTRACTOR CONTACT INFORMATION	Ţ							
PRIME CONTRACTOR CONTACT PERSON:								
PRIME CONTRACTOR COMPANY LEGAL NAME:								
PRIME CONTRACTOR STREET OR P.O. BOX:								
PRIME CONTRACTOR CITY: STATE:	ZIP:							
PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR EMAIL:								
FACILITY SITE INFORMATION								
FACILITY SITE NAME: The Preserve at Starkville								
<b>FACILITY SITE ADDRESS</b> (If the physical address is not available, please indicate the nearest natindicate the beginning of the project and identify all counties the project traverses.)	imed road. For lin	ear projects						
STREET: Intersection of Academy Road and Hummingbird Lane  CITY: Starkville STATE: Mississippi COUNTY: Oktibbeha								
	ZIP:	N/A						
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 33 degrees 26 minutes 31.26 seconds LONGITUDE: 88 degrees 49 m	. 0.04	_						
		ds						
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): 60	9.0							
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 12.38  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	2022-05-01							
ESTIMATED CONSTRUCTION PROJECT START DATE:	YYYY-MM-DE	ī						
ESTIMATED CONSTRUCTION PROJECT END DATE:	2023-10-01 YYYY-MM-DD	ī						
DESCRIPTION OF CONSTRUCTION ACTIVITY: Clearing, Stabilizing site, installing perimeter controls,								
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN ( Assisted Living community and Memory Care Facility								
SIC Code NAICS Code								



NEAREST NAMED RECEIVING STREAM: Hollis Creek				
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAI BODIES? (The 303(d) list of impaired waters and TMDL stream segme http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_	RED WATER  rts may be found on MDEQ's v Load_Section)	S☑ NO□ veb site:		
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREA	AM SEGMENT? YE	S□ NO□		
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONWITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT ACTIVITY?		S□ NO □ E CONSTRUCTION		
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):  CL (Lean clay), CH (Fat Clay) according to USCS classification per Geotech report				
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STOR	M WATER? YE	s□ no⊠		
	IONIC POLYACRYLIMIDE	(PAM)		
	HER			

<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.

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.

Thomas Growson	3/15/22	
Signature of Applicant <sup>1</sup> (owner or prime contractor)	Date Signed	
	1	
Thomas Crowsow	Duner	
Printed Name <sup>1</sup>	Title	

<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

## Kimley»Horn

### RECEIVED

#### APR 0 6 2022

#### Transmittal

Date:	4/1	/2022		Job Number		Environmental Quality	
Project Name	e: Pre	eserve at	Starkville	_			
To:	Chi	ief, Envir	onmental Perm	its Division			
	MS	Departr	ment of Environ	mental Quality,	, Office of Pollution	Control	
	P.C	). Box 22	261 Jackson, Mi	ssissippi 3922	5		
We are sen	ding the	se by				-	
✓ US Mail			☐ Fed	Ex		UPS	
Hand Del	iver		☐ Cou	ırier		Other	
We are send.  ✓ Attached  ☐ Shop dra		[ Prin	☐ Under sepai	rate cover via Samples	Specifications	the fol	llowing items
Number D	ate	Сору	Description				
1 4/	1/22	1	Strom Water P	ollution Prever	ntion Plan		
2 4/	1/22	1	Erosion Contro	ol Plan and Det	tails		
3 4,	/1/22	1	Transmittal Le	tter			-
As re	ansmitted your use equested eview an es for ap arks:	d comm		Approved a	or corrections	☐ Resubmit ☑ Submit ☐ Return ☐ Corrected pr	ints
Copy to: he	nry.mino	r@kimle	y-horn.com	Signed: He	enry Minor		

Phone: (601) 927-8727