MSR10				
(NUMBER TO BE ASS	SIGN	ED B	V ST	ATE

APPLICANT IS THE:	☐ OWNER ☐	PRIME CONTI	RACTOR		
	OWNER CON	TACT INFORM	ATION		
OWNER CONTACT PERSON:					
OWNER COMPANY LEGAL N	NAME:				
OWNER STREET OR P.O. BO	X:				
OWNER CITY:					
OWNER PHONE #: ()_		OWNER EMAIL: _			
	IME CONTRACTO				
PRIME CONTRACTOR CONT	TACT PERSON:				
PRIME CONTRACTOR COM					
PRIME CONTRACTOR STRE					
PRIME CONTRACTOR CITY					
PRIME CONTRACTOR PHON					
	FACILITY S	ITE INFORMAT	ΓΙΟΝ		
FACILITY SITE NAME:					
FACILITY SITE ADDRESS (If indicate the beginning of the proje	the physical address is no	ot available, please inc	dicate the nearest na		ear projects
STREET:					
CITY:	STATE:	COUN	TY:	ZIP:	
FACILITY SITE TRIBAL LAN	D ID (N/A If not application)	able):			
LATITUDE: degrees					
LAT & LONG DATA SOURCE					
TOTAL ACREAGE THAT WIL	LL BE DISTURBED 1:_				
IS THIS PART OF A LARGER	COMMON PLAN OF	DEVELOPMENT?		YES \square	NO □
IF YES, NAME OF LARGER O AND PERMIT COVERA	COMMON PLAN OF DI GE NUMBER: MSR10_	EVELOPMENT:			
ESTIMATED CONSTRUCTIO	N PROJECT START D	ATE:		YYYY-MM-DD	
ESTIMATED CONSTRUCTIO	N PROJECT END DAT	E:		YYYY-MM-DD	
DESCRIPTION OF CONSTRU	CTION ACTIVITY:				
PROPOSED DESCRIPTION O	F PROPERTY USE AF	TER CONSTRUCT	ION HAS BEEN C	COMPLETED:	
SIC Code	NAICS Code				

NEAREST NAMED RECEIVING STREAM:					
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 M http://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□	$_{ m NO}\square$			
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES□ BY THE CONS	NO□ FRUCTION			
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 POLYACRYL □ OTHER	IMIDE (PAM)				
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCA AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	TION 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 LCNOI FOR A FA	CILITY THAT WI	LL REQU	JIRE OTHER PERMITS?		YES □	NO □
IF YES, CHECK ALI	THAT APPLY:	□ AIR	☐ HAZARDOUS WAS	STE	PRETREATME	NT
□ WATER ST	TATE OPERATING	; 🗆	INDIVIDUAL NPDES		OTHER:	
			CROSSING A WATER CONTROL OF Engineers' Regulatory		YES □ ermitting requiren	NO □ nents.)
IF THE PROJECT R DOCUMENTATION		S OF EN	GINEER SECTION 404 PER	MIT, PROVI	DE APPROPRIA	ТЕ
• The project has	been approved by i	ndividual	permit, or			
• The work will b	e covered by a natio	nwide pe	rmit and NO NOTIFICATIO	N to the Corp	s is required, or	
• The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required						
IS A LAKE REQUIR (If yes, provide appro	ING THE CONSTR priate approval doc	UCTION imentatio	OF A DAM BEING PROPO n from MDEQ Office of Land	SED? d and Water,	YES □ Dam Safety.)	NO □
			MMERCIAL DEVELOPME ach the pertinent documents.		ILL SANITARY S	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 permit from M	Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:					
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.						
feasibility of ins response from I is not feasible, t	talling a central sew MDEQ concerning t hen please attach a o m a registered profo	age collection in the second collection in the	ms for Subdivisions Greater action and treatment system m lity study must be attached. I e Letter of General Acceptan agineer that the platted lots sl	ust be made b If a central col ce from the St	y MDEQ. A copy lection and wasted tate Department o	of the water system f Health or
INDICATE ANY LO	CAL STORM WAT	ER ORD	NANCE WITH WHICH TH	E PROJECT	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 Applicant (owner or prime contractor)

Date Signed

9-22-22

Ellen Morgan

Owner

Printed Name

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:

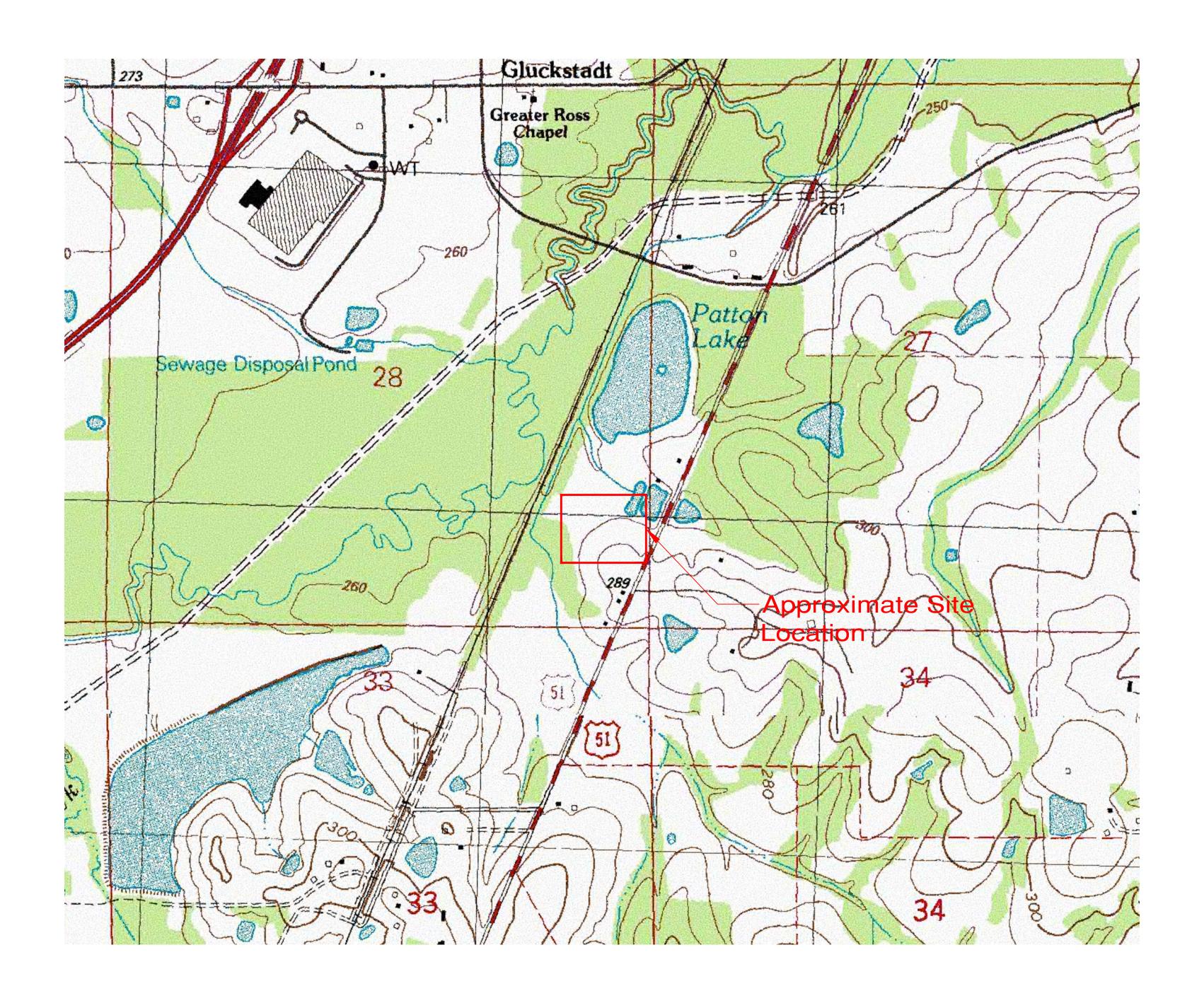
Chief, Environmental Permits Division

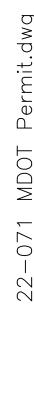
MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261

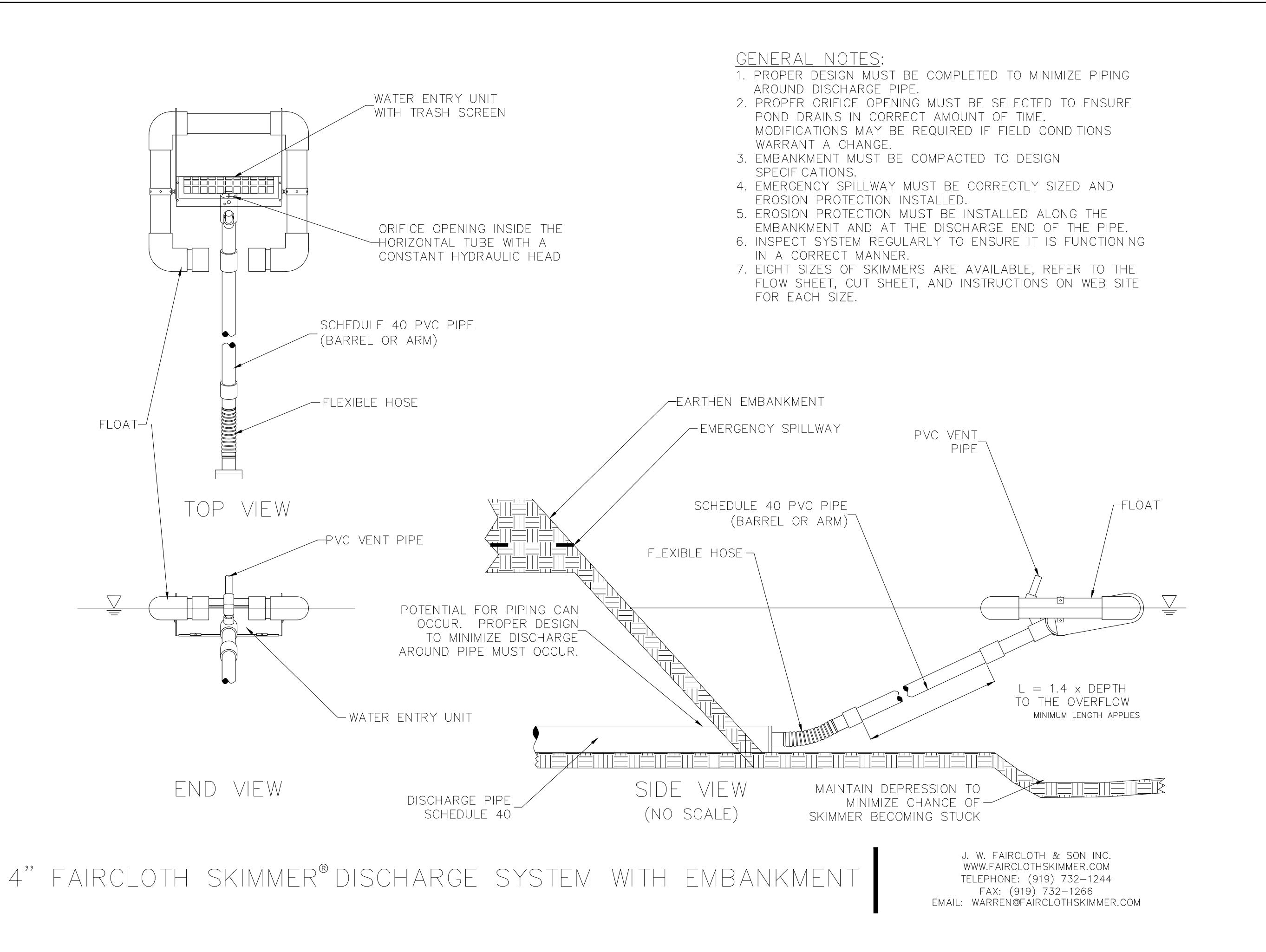
Jackson, Mississippi 39225

7.5 Minute Series Topographic









Ш PROJ. NO: 22-071 DATE: 8/11/2022 SHEET NO.