AI:85458

Coverage # MSR109145



Rec'd via email: 12/04/2023

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

# **INSTRUCTIONS**

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. 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 Large Construction Storm Water General Permit MSR10.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

### Submittals with this LCNOI must include:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

## Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements
- Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties
- Antidegradation report for disturbance within Waters of the State

ALL OUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)



APPLICANT IS THE:	<b>✓</b> OWNER	PRIME CO	ONTRACTOR					
OWNER CONTACT INFORMATION								
OWNER CONTACT PERSON	.Jon Reeves							
OWNER COMPANY LEGAL NAME: Southaven Star Landing, LLC								
OWNER STREET OR P.O. BOX: 5627 Getwell Rd. #C-5								
OWNER CITY: Southave	n	STATE:	MS	<sub>ZIP:</sub> 37672				
OWNER PHONE #: (662)	2530105	OWNER EMA	<sub>IL:</sub> jreeves@r	wllc.net				
	PREPARER (	CONTACT INI	FORMATION					
PREPARER CONTACT INFORMATION  IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT								
CONTACT PERSON: Dave								
COMPANY LEGAL NAME: Reaves Firm, Inc								
STREET OR P.O. BOX: $680$				<del></del>				
<sub>CITY:</sub> Memphis		STATE: TM		<sub>ZIP:</sub> 38138				
PHONE # ( ) 901 761 201	6	EMAIL: Sd\	v@reavesfirm.c	om				
PRIME CONTRACTOR CONTACT INFORMATION								
PRIME CONTRACTOR CONTACT PERSON: Chris Lamb								
PRIME CONTRACTOR COMPANY LEGAL NAME: Lamb Construction & Equipment								
PRIME CONTRACTOR STREET OR P.O. BOX: 3225 Byhalia Rd								
PRIME CONTRACTOR CITY	. <u>Hernando</u>	ST	<sub>ATE:</sub> MS	<sub>ZIP:</sub> 38632				
PRIME CONTRACTOR PHONE #: (662) 4495432 PRIME CONTRACTOR EMAIL: sales@lambequipment.com								
FACILITY SITE INFORMATION								
FACILITY SITE NAME: Life	pointe Village	at Southave	n					
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 side of Star Landing Rd., approx 1400' west of Getwell Rd.								
CITY: Southaven	STATE: MS		COUNTY: Desoto	ZIP:38672				
FACILITY SITE TRIBAL LA	ND ID (N/A If not ap	<sub>plicable):</sub> n/a						
LATITUDE: 34 degrees 54 minutes 16 seconds LONGITUDE: 89 degrees 56 minutes 35 seconds								
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): map interpolation								
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 10.5								

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:	20242024-01-15 YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE:	2025-01-15 <del>YYYY-MM-DD</del>	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Grading and infrastructure fo single family resendetial development		
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COM- attached single family residential	APLETED:	
SIC Code: 1521 NAICS Code 236115		
NEAREST NAMED RECEIVING STREAM: Unnamed tributary of Hurricane Creek		
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 MDE http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES / Q's web site:	NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	YES	NO
FOR WHICH POLLUTANT:		
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY ACTIVITY?	YES THE CONSTR	NO V UCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): collins, falaya and grenada silt loams, grenada and loring soil		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES	NO
IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYACRYLIMI OTHER	IDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ON OF INTROD	UCTION
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?	YES	NO
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE W STATE?	VATERS OF THE YES	E NO
IF NOT, PROVIDE FOULVALENT CONTROL MEASURES IN THE SWPPP.		

 $<sup>^{1}</sup>$ 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.

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 FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES NO 🗸
IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	PRETREATMENT
WATER STATE OPERATING INDIVIDUAL NPDES	OTHER:
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAN OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, P DOCUMENTATION THAT:	ROVIDE APPROPRIATE
-The project has been approved by individual permit, or -The work will be covered by a nationwide permit and NO NOTIFICATION to the Corp- -The work will be covered by a nationwide or general permit and NOTIFICATION to the	
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CON OF ANY KIND? (If yes, please provide an antidegradation report.)	IVEYANCE YES NO
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and W	YES NO Vater, Dam Safety.)
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOBE DISPOSED? Check one of the following and attach the pertinent documents.	OW WILL SANITARY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specifications associated "Information Regarding Proposed Wastewater Projects" form or appr Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifica of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) collection and treatment that the flows generated from the proposed project can a properly. The letter must include the estimated flow.	oval from County Utility Authority in itions can not be provided at the time responsible for wastewater
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	
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lot of General Acceptance from the Mississippi State Department of Health or certificengineer that the platted lots should support individual onsite wastewater disposa	cation from a registered 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 sudisposal systems.	nade by MDEQ. A copy of the ral collection and wastewater system the State Department of Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH	THE PROJECT MUST COMPLY:
City os Southaven MS-4	

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<sup>1</sup> (owner or prime contractor)

Date Signed

Printed Name

Title

Printed Name<sup>1</sup>

<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