AI : 86083

MSR10 9232

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR OWNER CONTACT INFORMATION OWNER CONTACT PERSON: Isaac Coto 1 MAH - 7 2024 OWNER COMPANY LEGAL NAME: Cofo 1 Farms Incl OWNER STREET OR P.O. BOX: 1497 Jones RJ OWNER CITY: Doodt 1 STATE: 15 ZIP: 39346 OWNER PHONE #: (Col) 4/16-1662 OWNER EMAIL: 161500 (Q) be 1/2004 Just PREPARER CONTACT INFORMATION IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT CONTACT PERSON: COMPANY LEGAL NAME: STREET OR P.O. BOX: CITY: STATE: ZIP: PHONE #() EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: Isaac Cofort 1 Color 1 Color 1 PRIME CONTRACTOR CONTACT PERSON: Isaac Cofort 1 Color 1 PRIME CONTRACTOR STREET OR P.O. BOX: 1/59 Jones Representation 1 Color 1 PRIME CONTRACTOR STREET OR P.O. BOX: 1/59 Jones Representation 1 PRIME CONTRACTOR CITY: Obs 2 port 1 STATE: M > ZIP: 3534 b PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR PHONE #: (20) 4/16 600 FRIME CONTRACTOR EMAIL: 161500 Obs 1 PRIME CONTRACTOR P
OWNER CONTACT INFORMATION OWNER CONTACT PERSON: ISAAC GOOTH MAH - 7 2024 OWNER COMPANY LEGAL NAME: GOTH FALMS, INC OWNER STREET OR P.O. BOX: 1498 JONES RJ OWNER CITY: DOXODOTH STATE: MS ZIP: 39346 OWNER PHONE #: (GO) 4/16-1662 OWNER EMAIL: MTC 1500 (Q) be 1/5041, 1947 OWNER PHONE #: (GO) 4/16-1662 OWNER EMAIL: MTC 1500 (Q) be 1/5041, 1947 OWNER PHONE #: (SO) 4/16-1662 OWNER EMAIL: MTC 1500 (Q) be 1/5041, 1947 PREPARER CONTACT INFORMATION PRIME CONTACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: Isaac Goth Folms Jule PRIME CONTRACTOR COMPANY LEGAL NAME: Gototh Folms Jule PRIME CONTRACTOR STREET OR P.O. BOX: 1/99 John R. R. STATE: MS ZIP: 3534 b PRIME CONTRACTOR CITY: MOLE ORDER 15 STATE: MS ZIP: 3534 b
OWNER CONTACT PERSON: Isaac Gofort MAH - 1 2024 OWNER COMPANY LEGAL NAME: Cofort Farms, Inc OWNER STREET OR P.O. BOX: 1497 Jones, RJ OWNER CITY: Doxopot F STATE: M'S ZIP: 39346 OWNER PHONE #: (601) 416-6062 OWNER EMAIL: M+Cisaol (20) be Isaat Det PREPARER CONTACT INFORMATION IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT CONTACT PERSON: COMPANY LEGAL NAME: STREET OR P.O. BOX: CITY: STATE: ZIP: PHONE #() EMAIL: PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: Isaac Cofort Tolory PRIME CONTRACTOR STREET OR P.O. BOX: 1497 Jones Res
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PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: Isoc. Gofot Forms / L. PRIME CONTRACTOR COMPANY LEGAL NAME: Gofort Forms / L. PRIME CONTRACTOR STREET OR P.O. BOX: 1499 John Reserved STATE: M.
PRIME CONTRACTOR CONTACT PERSON: Isoc: Cofolt PRIME CONTRACTOR COMPANY LEGAL NAME: Cofort Forms / Luc PRIME CONTRACTOR STREET OR P.O. BOX: 1499 Jones R & ZIP: 3534 b
PRIME CONTRACTOR CONTACT PERSON: Isoc: Cofolt PRIME CONTRACTOR COMPANY LEGAL NAME: Cofort Forms / Luc PRIME CONTRACTOR STREET OR P.O. BOX: 1499 Jones R & ZIP: 3534 b
PRIME CONTRACTOR COMPANY LEGAL NAME: (201016 Tores / L.) PRIME CONTRACTOR STREET OR P.O. BOX: 1499 Jones Report STATE: AS ZIP: 3534 b
PRIME CONTRACTOR STREET OR P.O. BOX: 1499 Janes Reserved STATE: AS ZIP: 3534 b
PRIME CONTRACTOR CITY: Not a Dot-1 STATE: M5 ZIP: 3534 b
PRIME CONTRACTOR PHONE #: (6) 4/6 606 FRIME CONTRACTOR EMAIL: 11 1 3001 Obell south
FACILITY SITE INFORMATION
FACILITY SITE NAME: ROCKES RICE
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: 511 Platts burg Rd
CITY: Novepote < STATE: Ms COUNTY: Winston ZIP: 39346
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):
LATITUDE: 32 degrees 56 minutes 56 seconds LONGITUDE: 8 degrees 12 minutes 27 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 4

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:
ESTIMATED CONSTRUCTION PROJECT END DATE:
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of 4 New Broiler Houses
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
SIC Code: NAICS Code
NEAREST NAMED RECEIVING STREAM: Proisbook
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 MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)
has a tmdl been established for the receiving stream segment?
FOR WHICH POLLUTANT:
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES NO X WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?
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 POLYACRYLIMIDE (PAM) OTHER
IF VEC DOES THE SWEEP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AT HERE FLOCCULATED MATERIAL WILL SETTLE?
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? YES NG
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE?
IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.

¹Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 R² 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?
IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE PRETREATMENT
WATER STATE OPERATING INDIVIDUAL NPDESOTHER:
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE VES NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:
-The project has been approved by individual permit, or -The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or -The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVEYANCE YES OF ANY KIND? (If yes, please provide an antidegradation report.)
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.)
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 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.
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4) WITH WHICH THE 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 distincts. imprisonment for knowing violations.

Signature of Applicant' (owner or prime contractor)

3-6-24 Date Signed

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

Electronically:

https://www.mdeg.ms.gov/construction-stormwater/

Revised 3/23/22