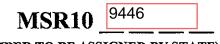
AI: 87798



(NUMBER TO BE ASSIGNED BY STATE)

| APPLICANT IS THE: OWNER PRIME CONTRACTOR DECEMBE   |  |  |  |
|--|--|--|--|
| OWNER CONTACT INFORMATION  |  |  |  |
| OWNER CONTACT PERSON: Jacob Fortenbert DEC 5 2024  |  |  |  |
| OWNER COMPANY LEGAL NAME: Fortenberry Family Forms, LLC  |  |  |  |
| OWNER STREET OR P.O. BOX: 6/4 NEW HOPE icol MDEQ   |  |  |  |
| OWNER CITY: FOX WOR HA STATE: MS ZIP: 3483   |  |  |  |
| OWNER PHONE #: (601 ) 740-1613 OWNER EMAIL: Jacob fortenborn IS QVahoo   |  |  |  |
| 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: Ben Pierce  |  |  |  |
| PRIME CONTRACTOR COMPANY LEGAL NAME: PEXCO, LLC  |  |  |  |
| PRIME CONTRACTOR STREET OR P.O. BOX: 188 Eddie Walker Road   |  |  |  |
| PRIME CONTRACTOR CITY: Moselle State: M3 zip: 39459  |  |  |  |
| PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR EMAIL:   |  |  |  |
| FACILITY SITE INFORMATION  |  |  |  |
| FACILITY SITE NAME: Fortenberry Family Farms, LLC  |  |  |  |
| 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: 6/4 New Hope Rd  CITY: Fox North STATE: MS COUNTY: Marion ZIP: 39483   |  |  |  |
| FACILITY SITE TRIBAL LAND ID (N/A If not applicable):  |  |  |  |
| LATITUDE: 31 degrees 7 minutes 34 seconds LONGITUDE: 89 degrees 54 minutes 4,2 seconds   |  |  |  |
| LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):   |  |  |  |
| TOTAL ACREAGE THAT WILL BE DISTURBED 1: 7 MC/CS  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| 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:   | <del>YYYY-MM-DD</del> |          |
| ESTIMATED CONSTRUCTION PROJECT END DATE:   | YYYY-MM-DD            |          |
| DESCRIPTION OF CONSTRUCTION ACTIVITY:  |                       |          |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN   | N COMPLETED:          |          |
| SIC Code: NAICS Code   |                       |          |
|  |                       |          |
| NEAREST NAMED RECEIVING STREAM: Harriane 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 http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) | YES MDEQ's web site:  | NG 🖊     |
| 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 IMPACT ACTIVITY?   | ED BY THE CONST       | NOTION   |
| EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP  | '):                   |          |
| WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?  | YES                   | Nd       |
| IF YES, INDICATE THE TYPE OF FLOCCULANT.  ANIONIC POLYACE OTHER  | YLIMIDE (PAM)         |          |
| IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LO AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?   | CATION OF INTRO       | DUCTION  |
| IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?  | YES                   | NO       |
| WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND STATE?  | THE WATERS OF T       | HE<br>N( |
| IF NOT, PROVIDE EQUIVALENT 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?  | VES   | NOL                            |
|---|---|--------------------------------|
| 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 CONVEYANG OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch f   | CE YES requirements   | NO ts.)                        |
| IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PR<br>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 Corps -The work will be covered by a nationwide or general permit and NOTIFICATION to the   | s is required, or<br>e Corps is required  |                                |
| IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONV<br>OF ANY KIND? (If yes, please provide an antidegradation report.)  | VEYANCE 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 Wa   | YES ater, Dam Safety.   | NO                             |
| IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW BE DISPOSED? Check one of the following and attach the pertinent documents.  | W WILL SANITARY SE  | WAGE                           |
| Existing Municipal or Commercial System. Please attach plans and specifications associated "Information Regarding Proposed Wastewater Projects" form or appro Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) collection and treatment that the flows generated from the proposed project can an properly. The letter must include the estimated flow. | val from County Utility Autions can not be provided a responsible for wastewate   | thority in<br>it the time<br>r |
| Collection and Treatment System will be Constructed. Please attach a copy of the copermit from MDEQ or indicate the date the application was submitted to MDEQ  | cover of the NPDES dischar<br>Date:   | nrge<br>)                      |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots of General Acceptance from the Mississippi State Department of Health or certifica engineer that the platted lots should support individual onsite wastewater disposal   | ation from a registered pr  | he Letter<br>ofessional        |
| Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 I feasibility of installing a central sewage collection and treatment system must be made response from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should supdisposal systems.                     | ade by MDEQ. A copy of<br>al collection and wastewar<br>the State Denartment of H | the<br>er system<br>ealth or   |
| INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH T   | HE PROJECT MUST CO  | MPLY:                          |
|   |   |                                |
|   |   | <del></del>                    |
|   |   |                                |

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

Printed Names

*OWY* 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

**Electronically:** 

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

Revised 3/23/22