DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS COVERÂGE 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 X
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 CONVEYAND OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	NCE YES NO
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, I DOCUMENTATION THAT:	PROVIDE APPROPRIATE
-The project has been approved by individual permit, or The work will be covered by a nationwide permit and NO NOTIFICATION to the Cor -The work will be covered by a nationwide or general permit and NOTIFICATION to t	rps is required, or the Corps is required
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CON OF ANY KIND? (If yes, please provide an antidegradation report.)	NVEYANCE YES NO X
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and V	Water, 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 specification associated "Information Regarding Proposed Wastewater Projects" form or app Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specific of LCNOI submittal, MDEQ will accept written acknowledgement from official(scollection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow.	roval from County Utility Authority in ations can not be provided at the time s) responsible for wastewater
Collection and Tréatment System will be Constructed. Please attach a copy of the permit from MDEQ or indicate the date the application was submitted to MDEQ	e cover of the NPDES discharge ((Date:)
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Los of General Acceptance from the Mississippi State Department of Health or certiful engineer that the platted lots should support individual onsite wastewater dispos	fication from a registered professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 3 feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cer 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 disposal systems.	made by MDEQ. A copy of the atral collection and wastewater system in the State Department of Health or
INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICE	I THE PROJECT MUST COMPLY:
CITY OF HCLUBWAD	

F-7 F-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: 2019 8 01 YYYY-MM-DD
ESTIMATED CONSTRUCTION PROJECT END DATE: YYYY-MM-DD
DESCRIPTION OF CONSTRUCTION ACTIVITY: Lity MAINTENANCE SHOP
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
SIC Code: NAICS Code
NEAREST NAMED RECEIVING STREAM: HURRICANE ERELIC
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? YES NO
FOR WHICH POLLUTANT:
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES NO WITHIN ½ 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 YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? YES NO
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 ft² per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.



MSR109466

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	OWNER	PRIME C	ONTRACTOR		RECEIVE DEC 31 300
OWNER CONTACT PERSON:OWNER COMPANY LEGAL NAMOWNER STREET OR P.O. BOX:	OWNER CO	ONTACT INF	ORMATION		DER
OWNER CONTACT PERSON:	Joe F. L	LAUSBRAGA	le - city 1	NEINEBR	1. of 3 1 2026
OWNER COMPANY LEGAL NAM	E: City	OF HERM	PANSO		-nvironmental
OWNER STREET OR P.O. BOX: _	475	J. Lommes	KE		Quality
					ZIP: 38632
OWNER CITY: HEAMANS OWNER PHONE #: (901) 494	-2484	OWNER EMA	AL: Inuderd	slejoe e t	iell sourh. Ner
P IF NOI WAS PREPARED BY SOME	REPARER (CONTACT IN	FORMATION		
		•	JCANT		
CONTACT PERSON:					
COMPANY LEGAL NAME:					
STREET OR P.O. BOX:					*
CITY:				ZIP:	
PHONE#()		EMAIL:			
PRIME CONTRACTOR CONT	CACT INFOI	RMATION			
PRIME CONTRACTOR CONTACT	FPERSON:	Cityo	K HELANANDE	- maiste	ENANCE Shep
PRIME CONTRACTOR COMPAN		,			
PRIME CONTRACTOR STREET (OR P.O. BOX:				
PRIME CONTRACTOR CITY:				•	ZIP:
PRIME CONTRACTOR PHONE #:				**	
	FACILIT	Y SITE INFO	RMATION	- L	
FACILITY SITE NAME: Lity	OF HEANA	NAO-MAI	SteNANCE S	shop.	
FACILITY SITE ADDRESS (If the principal and indicate the beginning of the project and	id identify all con	unties the project t	raverses.)		
STREET: 630 Wh	it freed e	love '			
FACILITY SITE TRIBAL LAND II					
LATITUDE: 34 degrees 23 min	utes 19 secon	ds LONGITU	DE: 90 degrees	o minutes _	€ seconds
LAT & LONG DATA SOURCE (GP					
TOTAL ACREAGE THAT WILL E	BE DISTURBEI	D 1:	38 ACLES		
"?	0 - 1				
34.3887 - 90.	UNGA				

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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)

Dec 19, 2024

Printed Name City INGINEER

Title HOLNANDE

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.mdeq.ms.gov/construction-stormwater/

Revised 3/23/22