

AI: 88512
MSR109508



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MAR 18 2025
MDEQ

**CONSTRUCTION NOTICE OF INTENT (CNOI)
FOR COVERAGE UNDER CONSTRUCTION STORM WATER
GENERAL NPDES PERMIT MSR10 9508**
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF CONSTRUCTION;
15 DAYS IF A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) IS ALREADY ON FILE.
DISCHARGE OF STORM WATER FROM A CONSTRUCTION SITE WITHOUT
WRITTEN NOTIFICATION OF COVERAGE IS A VIOLATION OF STATE LAW

INSTRUCTIONS

SUBMITTALS WITH THIS CNOI MUST INCLUDE: A USGS QUAD MAP (OR A COPY) SHOWING SITE LOCATION AND STORM WATER OUTFALLS AND STORM WATER POLLUTION PREVENTION PLAN (SWPPP). SEE CONSTRUCTION GENERAL PERMIT PART III.

ADDITIONAL SUBMITTALS MAY INCLUDE DOCUMENTATION OF SWPPP APPROVAL WITH LOCAL ORDINANCES (CONSTRUCTION GENERAL PERMIT PART III. B.); APPROPRIATE SECTION 404 DOCUMENTATION FROM CORPS OF ENGINEERS (IF REQUIRED); APPROPRIATE DOCUMENTATION FROM HEALTH DEPARTMENT AND/OR MDEQ/OPC FOR FUTURE DISPOSAL OF SANITARY SEWAGE AND SEWAGE COLLECTION SYSTEM; APPROPRIATE DOCUMENTATION FROM MDEQ/OFFICE OF LAND & WATER, FOR DAM CONSTRUCTION AND LOW FLOW REQUIREMENTS.

APPLICANT MUST BE OWNER OR PRIME CONTRACTOR. THE APPLICANT RECEIVES COVERAGE AND IS RESPONSIBLE FOR PERMIT COMPLIANCE. OWNER MAY APPLY AND AT A LATER DATE REQUIRE PRIME CONTRACTOR TO ASSUME PERMIT COMPLIANCE (SEE PRIME CONTRACTOR CERTIFICATION)..

All QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

IS APPLICANT THE OWNER OR PRIME CONTRACTOR? (CIRCLE ONE OR BOTH)

OWNER INFORMATION

OWNER CONTACT PERSON: Austin Thornton
OWNER COMPANY NAME: Hard E Farms
OWNER STREET (P.O. BOX): 367 Battle Bluff Rd
OWNER CITY: Carthage STATE: MS ZIP: 39051
OWNER PHONE # (INCLUDE AREA CODE): _____

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Paul R. Inceam
PRIME CONTRACTOR COMPANY: Paul R. Inceam Construction LLC
PRIME CONTRACTOR STREET (P.O. BOX): 915 Richardson Road.
PRIME CONTRACTOR CITY: Carthage STATE: MS. ZIP: 39051
PRIME CONTRACTOR PHONE # (INCLUDE AREA CODE): 601-479-5287

PROJECT INFORMATION

PROJECT NAME: Austin Thornton Poultry Complex

DESCRIPTION OF CONSTRUCTION ACTIVITY: Clearing and Grubbing site and constructing entrance road and building Poultry House Pads

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (INCLUDE STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) IF KNOWN):
Producing Poultry - Live SIC Code

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES THAT LINERAR PROJECT TRAVERSES.):

STREET: 367 Battle Bluff Rd

CITY: Carthage, COUNTY: Leake

ZIP: 39051

NEAREST NAMED RECEIVING STREAM: Hurricane Creek

ARE THERE ANY WETLANDS, RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUNDRY? Hurricane Creek

TOTAL ACREAGE THAT WILL BE DISTURBED¹: 8

EST. START DATE: March EST. COMPLETION DATE: July

? TYPE SOIL ON SITE: Stough (ST)

¹ Acreage 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**

IS THIS NOTICE FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? _____ . If so, circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, CORPS OF ENGINEERS SECTION 404 (If so, provide appropriate documentation from the Corps), other(s):

IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? _____
IF SO, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM MDEQ, OFFICE OF LAND AND WATER, DAM SAFETY.

IF THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARK OR LARGE APARTMENT COMPLEX HOW WILL SANITARY SEWAGE BE DISPOSED? Circle one of the following and attach the pertinent documents.

1. **Existing Municipal or Commercial System.** Please attach a copy of the letter from MDEQ that the plans and specifications for the collection system have been submitted and approved.
2. **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: _____.)
3. **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.
4. **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.

IF THE PROJECT IS NOT ONE OF THE ABOVE, HOW WILL SANITARY SEWAGE BE DISPOSED?

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL. (APPROVED PLANS WILL RECEIVE EXPEDITED REVIEW):

STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND USGS QUAD MAP REQUIREMENT

2 ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE MINIMUM COMPONENTS FOUND IN PART III.C. OF THE CONSTRUCTION PERMIT. *SEE Attachment*

INDICATE ANY ASSOCIATION OR GENERIC SWPPP – ADDITIONALLY ATTACH SITE MAP WITH APPROPRIATE EROSION AND SEDIMENT CONTROLS LOCATED ON THE PROJECT SITE MAP. FOR LINEAR PROJECTS (ROAD AND PIPELINE PROJECTS) PROVIDE DRAWINGS OF TYPICAL CONTROLS USED (SEE PERMIT): _____

3 ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENDING AT LEAST ONE-HALF OF A MILE BEYOND THE SITE'S PROPERTY BOUNDRY OUTLINING THE SITE LOCATION. (QUAD MAPS CAN BE OBTAINED FROM THE OFFICE OF GEOLOGY: 601-961-5523). *SEE Attachment*

IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUAD MAP (FOUND IN UPPER RIGHT HAND CORNER OF MAP)

CARTHAGE Quad

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.

Paul L. Allen
Signature (Must be signed by operator when different than owner)

12-26-24
Date Signed

Paul R. Inckta
Printed Name

Owner - Operator
Title

¹This application shall be signed according to the General Permit, Part V.E., 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.
- Duly Authorized Representative.

PRIME CONTRACTOR CERTIFICATION

The prime contractor, if different from original applicant, will take responsibility for permit compliance by filing this certification prior to the commencement of construction. This certification is unnecessary when the prime contractor has already completed, signed, and submitted pages 1, 2, 3 and 4 of the CNOI. By completing and submitting this certification to MDEQ, the prime contractor accepts full responsibility for permit compliance and meeting all permit conditions. Otherwise the initial applicant (applicant who filed pages 1, 2, 3 and 4 of the CNOI) is solely responsible for permit compliance. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations, and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Paul L. Incernm PHONE NUMBER: 601-479-5287
PRIME CONTRACTOR COMPANY: Paul L. Incernm Construction LLC
PRIME CONTRACTOR STREET (P.O. BOX): 915 Richardson Road
PRIME CONTRACTOR CITY: Carthage STATE: MS ZIP: 39051

OWNER INFORMATION

OWNER CONTACT PERSON: Austin Thornton PHONE NUMBER: 601-253-5265
OWNER COMPANY NAME: Aard E Farm's

PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10
PROJECT NAME: Austin Thornton Poultry Complex
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing and grubbing site and constructing entrance road and building Poultry House Pads
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES THAT LINERAR PROJECT TRAVERSES.):
STREET: _____
CITY: _____, COUNTY: _____

I CERTIFY THAT I AM THE PRIME CONTRACTOR FOR THIS PROJECT AND WILL COMPLY WITH ALL THE REQUIREMENTS IN THE ABOVE REFERENCED GENERAL NPDES PERMIT.

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.

Paul L. Incernm
Prime Contractor Signature
Paul L. Incernm
Printed Name

12-26-24
Date Signed
Owner-Operator
Title

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- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.
- Duly Authorized Representative.