

MSR10 8490

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:  OWNER  PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: JD Dudley
OWNER COMPANY LEGAL NAME: QUIKTRIP CORPORATION
OWNER STREET OR P.O. BOX: 742 NW LOOP 410, SUITE 102
OWNER CITY: SAN ANTONIO STATE: TEXAS ZIP: 78211
OWNER PHONE #: (469) 766-8331 OWNER EMAIL: jdudley@quiktrip.com

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON:
PRIME CONTRACTOR COMPANY LEGAL NAME:
PRIME CONTRACTOR STREET OR P.O. BOX:
PRIME CONTRACTOR CITY: STATE: ZIP:
PRIME CONTRACTOR PHONE #: PRIME CONTRACTOR EMAIL:

FACILITY SITE INFORMATION

FACILITY SITE NAME: QT 7249 - FLOWOOD, MS
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: 716 HIGHWAY 80 EAST
CITY: FLOWOOD STATE: MS COUNTY: RANKIN ZIP: 39232
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A
LATITUDE: 32 degrees 16 minutes 42.6 seconds LONGITUDE: -90 degrees 09 minutes 22.4 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): MAP INTERPOLATION
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 6.02
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES [ ] NO [x]
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: N/A AND PERMIT COVERAGE NUMBER: MSR10
ESTIMATED CONSTRUCTION PROJECT START DATE: 2021-10-01
ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-10-01
DESCRIPTION OF CONSTRUCTION ACTIVITY: CIVIL SITE WORK & VERTICAL CONSTRUCTION FOR TRAVEL CENTER
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: TRAVEL CENTER
SIC Code 5 5 4 1 NAICS Code 4 4 7 1 1 0

m - received via email 7.19.21

**NEAREST NAMED RECEIVING STREAM:** UT OF PEARL RIVER

**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](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section))** YES  NO

**HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?** YES  NO

**ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?** YES  NO

**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 POLYACRYLAMIDE (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?** YES  NO

<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 CONVEYANCE OF ANY KIND?** (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) YES  NO

**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 A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED?** YES  NO   
 (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 WITH WHICH THE PROJECT MUST COMPLY:**

CITY OF FLOWOOD SUBDIVISION REGULATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

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)

**JD Dudley**  
Printed Name<sup>1</sup>

**6/15/21**  
Date Signed

**REPM II**  
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**



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 22nd day of June, 2021, the State of Mississippi issued a Charter/ Certificate of Authority to:

### **QUIKTRIP CORPORATION**

That the state of incorporation is Oklahoma.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said QuikTrip Corporation is in good standing at this time.

Given under my hand and seal of office  
the 22nd day of June, 2021

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN21114179

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>