

MSR10 8490

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☒ OWNER ☐ PRIME CONTRACTOR

## OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Jeff JonesOWNER COMPANY LEGAL NAME: Woods Trade Center, LLCOWNER STREET OR P.O. BOX: 385 Inverness Parkway, Ste. 460OWNER CITY: Englewood STATE: CO ZIP: 80112OWNER PHONE #: (720) 233-6966 OWNER EMAIL: jjones@huntingtonindustrial.com

RECEIVED

APR 20 2022

Dept. of Environmental Quality

## 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: Woods Trade Center Subdivision, Phase 2 - Lot 6

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: 7401 Woods Blvd.CITY: Olive Branch STATE: MS COUNTY: DeSoto ZIP: 38654FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/ALATITUDE: 34 degrees 58 minutes 07 seconds LONGITUDE: 89 degrees 47 minutes 33 secondsLAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google EarthTOTAL ACREAGE THAT WILL BE DISTURBED <sup>1</sup>: 20.1

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:

2022-06-20

YYYY-MM-DD

ESTIMATED CONSTRUCTION PROJECT END DATE:

2023-04-28

YYYY-MM-DD

DESCRIPTION OF CONSTRUCTION ACTIVITY: Grading & infrastructure for warehouse facility

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:

Warehouse and distributionSIC Code 1 5 4 1 NAICS Code 2 3 6 2 2 0

**NEAREST NAMED RECEIVING STREAM:** Unnamed tributary of Camp 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 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):

Calloway, Falaya and Waverly silt loams

**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? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.)**            YES ☐            NO ☒


**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 Olive Branch

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)

15 APR 22  
Date Signed

STEVE ALLEN  
Printed Name

CONSTRUCTION MANAGER  
Title

This application shall be signed as follows:

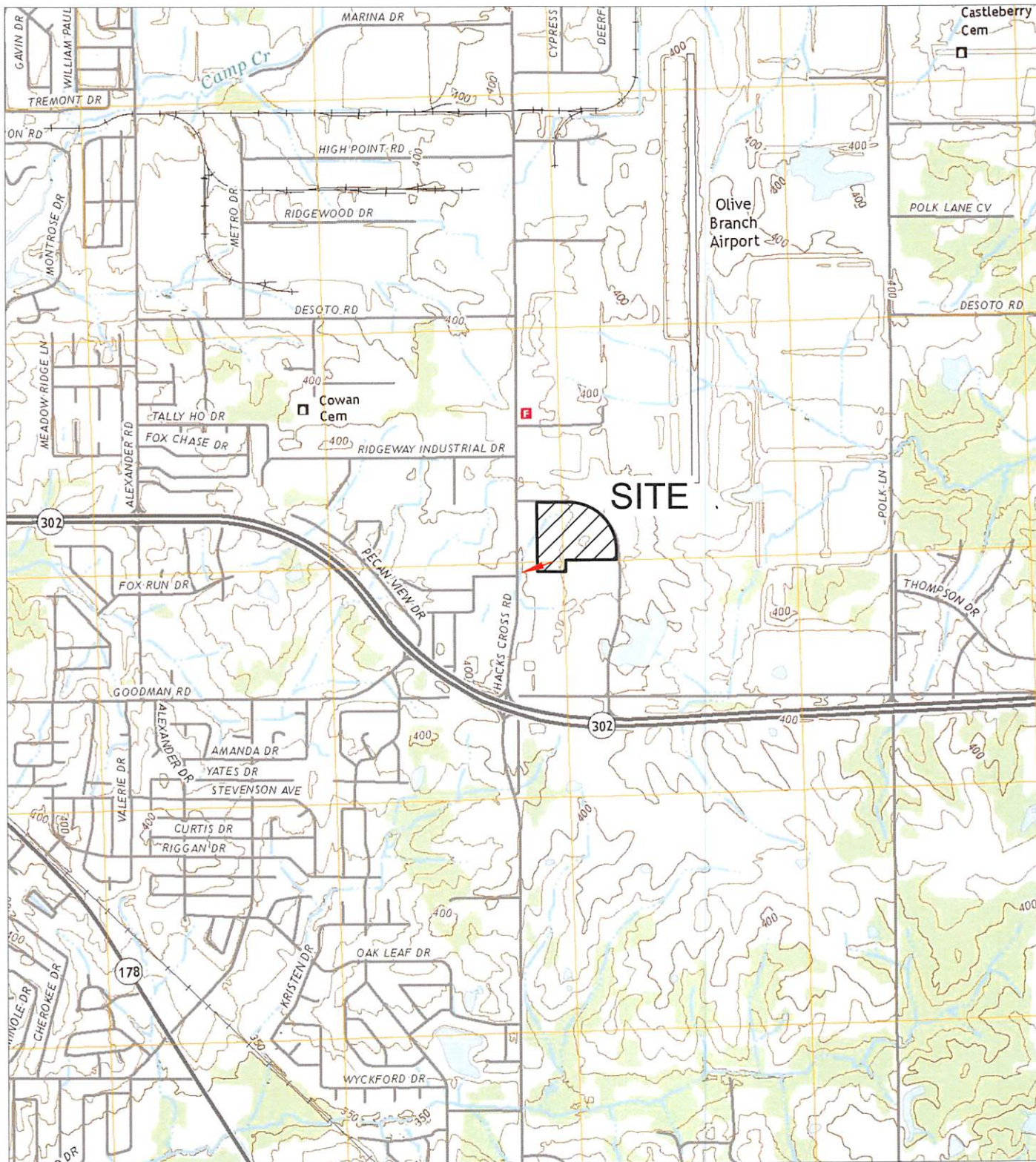
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official

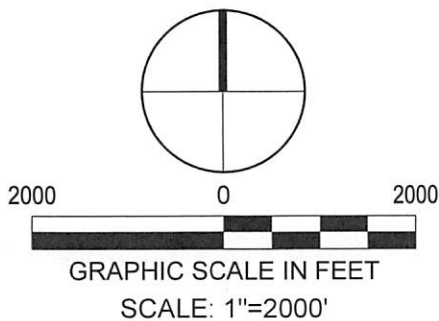
Please submit the LCNOI form to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225





OLIVE BRANCH QUADRANGLE  
DeSOTO CO., MISSISSIPPI



VICINITY MAP  
Woods Trade Center Lot 6  
7401 Woods Blvd.  
Olive Branch, Mississippi  
April, 2022



Department of Engineering

April 14, 2022

Mr. Lee Davidson, P.E.  
The Reaves Firm  
6800 Poplar Ave, Ste 11  
Memphis TN 38138

Re: Letter of Intent to Provide Public Sewer Services  
Woods Trade Center, Lot 6

Dear Mr. Davidson:

The City of Olive Branch is willing to provide sewer services to the above referenced development provided the construction is completed in a satisfactory manner and in compliance with said approved plans and is permitted by DCRUA.

Sincerely,

Andy D. Swims, P.E.  
City Engineer

ADS/njh



**LARGE CONSTRUCTION GENERAL PERMIT  
SITE INSPECTION AND CERTIFICATION FORM  
COVERAGE NUMBER (MSR10 \_\_\_\_)**



**INSTRUCTIONS**

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT9 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

**COVERAGE RECIPIENT INFORMATION**

OWNER/PRIME CONTRATOR NAME: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PROJECT STREET ADDRESS: \_\_\_\_\_  
PROJECT CITY: \_\_\_\_\_ PROJECT COUNTY: \_\_\_\_\_  
OWNER/PRIME CONTRACTOR MAILING ADDRESS: \_\_\_\_\_  
MAILING CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**INSPECTION DOCUMENTATION**

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

# Request for Termination (RFT) of Coverage



**LARGE CONSTRUCTION GENERAL PERMIT**  
**Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_**  
(Fill in your Certificate of Coverage Number and County)

This form must be submitted within thirty (30) days of achieving final stabilization (see ACT10, S-1 of general permit). Failure to submit this form is a violation of permit conditions.

The signatory of this form must be the owner or operator (prime contractor) who is the current coverage recipient (rather than the project manager or environmental consultant).

(Please Print or Type)

Project Name: \_\_\_\_\_

Physical Site Street Address (if not available, indicate nearest named road): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Coverage Recipient Company Name: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coverage Recipient Contact Name and Position: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_

Has another owner(s) or operator(s) assumed control over all areas of the site that have not reached final stabilization?

## RESIDENTIAL SUBDIVISIONS:

- ☐ YES. A copy of the Registration Form for Residential Lot Coverage for each lot or out parcel that has been sold and a site map, indicating which lots have been sold, are attached.
- ☐ NO. Coverage may not be terminated until all areas have reached final stabilization.

## COMMERCIAL DEVELOPMENT:

- ☐ YES. A copy of the site map, indicating which out-parcels have been sold, is attached.
- ☐ NO. Coverage may not be terminated until all areas have reached final stabilization.

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

<sup>1</sup>This application shall be signed according to the General Permit, ACT11, T-7 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.

After signing please mail to: Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225