AI: 88783

Rec'd via email: 04/28/2025

MSR10 MSR109542

(NUMBER TO BE ASSIGNED BY STATE)

	OWNER CONTACT INFOR	MATION		
OWNER CONTACT PERSON:	Ionathan Marshall			
OWNER COMPANY LEGAL N.	AME: Marshall Investment Gro	up, LLC		
OWNER STREET OR P.O. BOX	. 16 Rivers Bend Drive			
OWNER CITY. Gulfport	·	S	7 <sub>1P</sub> . 395	507
OWNER PHONE #: (228 ) 69	STATE: MS 7-7104 OWNER EMAIL:	jonathan.mig2	5@gmail.com	
	ME CONTRACTOR CONTACT			
PRIME CONTRACTOR CONTA	ACT PERSON: NA			
	ANY LEGAL NAME:			
	T OR P.O. BOX:			
PRIME CONTRACTOR CITY:	STAT	ΓЕ:	ZIP:	
	E#: ( PRIME CONTR			
	FACILITY SITE INFORM	ATION		
FACILITY SITE NAME: Marsha		ATION		
FACILITY SITE ADDRESS (If the indicate the beginning of the project	ne physical address is not available, please and identify all counties the project traver	indicate the nearest narses.)		
FACILITY SITE ADDRESS (If the indicate the beginning of the project	ne physical address is not available, please and identify all counties the project traver	indicate the nearest narses.)		
FACILITY SITE ADDRESS (If the indicate the beginning of the project STREET: Robinson Road CITY: Gulfport	ne physical address is not available, please and identify all counties the project traverage.  STATE: MSCOU	indicate the nearest narses.)  JNTY: Harrison	ZIP:	39503
FACILITY SITE ADDRESS (If the indicate the beginning of the project STREET: Robinson Road CITY: Gulfport  FACILITY SITE TRIBAL LAND LATITUDE: 30 degrees 28 n  LAT & LONG DATA SOURCE (	ne physical address is not available, please and identify all counties the project traver.  STATE: MS COUNTY COUNT	indicate the nearest narses.)  JNTY: Harrison  89 degrees 8 m  Map Interpolation): GP	ZIP: inutes 32.64 second S Cordinates	39503 ds
FACILITY SITE ADDRESS (If the indicate the beginning of the project STREET: Robinson Road CITY: Gulfport  FACILITY SITE TRIBAL LAND LATITUDE: 30 degrees 28 n LAT & LONG DATA SOURCE (TOTAL ACREAGE THAT WILL)	ne physical address is not available, please and identify all counties the project traver.  STATE: MS COUNTY COUNT	indicate the nearest narses.)  JNTY: Harrison  89 degrees 8 m  Map Interpolation): GP	ZIP: inutes 32.64 second S Cordinates	39503 ds
FACILITY SITE ADDRESS (If the indicate the beginning of the project STREET: Robinson Road CITY: Gulfport  FACILITY SITE TRIBAL LAND LATITUDE: 30 degrees 28 n LAT & LONG DATA SOURCE (TOTAL ACREAGE THAT WILL IS THIS PART OF A LARGER CORREST, NAME OF LARGER CO	ne physical address is not available, please and identify all counties the project trave.  STATE: MS COUNTY	indicate the nearest narses.)  JNTY: Harrison  89 degrees 8 m  Map Interpolation): GP	ZIP:  inutes 32.64 second S Cordinates  YES □	39503 ds
FACILITY SITE ADDRESS (If the indicate the beginning of the project STREET: Robinson Road CITY: Gulfport  FACILITY SITE TRIBAL LAND LATITUDE: 30 degrees 28 n LAT & LONG DATA SOURCE (TOTAL ACREAGE THAT WILLIS THIS PART OF A LARGER CONTROL AND PERMIT COVERAGE	ne physical address is not available, please and identify all counties the project traver.  STATE: MSCOU  DID (N/A If not applicable):  ninutes0.49	indicate the nearest narses.)  JNTY: Harrison  89 degrees 8 m  Map Interpolation): GP	ZIP:  inutes 32.64 second S Cordinates  YES □  2025-07-01	39503 ds
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NEAREST NAMED RECEIVING STREAM: Bayou Bernard			
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAI BODIES? (The 303(d) list of impaired waters and TMDL stream segmenthtp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_	its may be found on MDE	YES☑ Q's web site:	NO□
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREA	M SEGMENT?	YES☑	$_{ m NO}\square$
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PON WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT ACTIVITY?		YES⊡ Y THE CONSTR	NO□ SUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please See attached SWPPP	describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STOR	M WATER?	YES□	NO☑
	IONIC POLYACRYLIM HER	IDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTROD AND THE LOCATION OF WHERE FLOCCULATED MATERIAL W	UCTION, THE LOCATI ILL SETTLE?	ON OF INTROI YES □	OUCTION NO

<sup>&</sup>lt;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 LC	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		YES □	NO 🗹
IF YI	ES, CHECK ALL THAT APPLY: $\Box$ AIR $\Box$ HAZARDOUS WASTE		PRETREATME	NT
	$\square$ WATER STATE OPERATING $\square$ INDIVIDUAL NPDES		OTHER:	
	IE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANC NY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch f		YES □ rmitting require	NO 🗹 ments.)
	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PRUMENTATION THAT:	OVII	DE APPROPRIA	TE
•	The project has been approved by individual permit, or			
•	The work will be covered by a nationwide permit and NO NOTIFICATION to the	Corp	s is required, or	
•	The work will be covered by a nationwide or general permit and NOTIFICATION	to the	e Corps is require	ed
	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and Wa	ıter, l	YES □ Dam Safety.)	NO 🗹
	HE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOVISPOSED? Check one of the following and attach the pertinent documents.	V WI	LL SANITARY	SEWAGE
V	Existing Municipal or Commercial System. Please attach plans and specifications f associated "Information Regarding Proposed Wastewater Projects" form or approvided Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) a collection and treatment that the flows generated from the proposed project can approperly. The letter must include the estimated flow.	val fr ons c espo	om County Utility an not be providonsible for wastew	Authority in ed at the time rater
	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 (I	over ( )ate:	of the NPDES dis	charge )
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots of General Acceptance from the Mississippi State Department of Health or certificatengineer that the platted lots should support individual onsite wastewater disposal state.	tion :	from a registered	of the Letter professional
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 L feasibility of installing a central sewage collection and treatment system must be maresponse 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 t certification from a registered professional engineer that the platted lots should sup disposal systems.	ide by al col he St	y MDEQ. A copy lection and waste ate Department o	y of the water system of Health or
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJ	ECT I	MUST COMPLY	7.
Harris	son County Utility Authority			

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.

Jonathan Marshall	4/24/2025	
Signature of Applicant <sup>1</sup> (owner or prime contractor)	Date Signed	
Jonathan Marshall	Owner	
Printed Name <sup>1</sup>	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