MSR10 7 3 8 5

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	CTOR				
OWNER CONTACT INFORMATION					
OWNER CONTACT PERSON: Pat Robertson					
OWNER COMPANY LEGAL NAME: PDInc, LLC					
OWNER STREET OR P.O. BOX: P.O. Box 1344					
OWNER CITY: Oxford STATE: MS	ZIP: 38655				
OWNER PHONE #: (662)801-1750 OWNER EMAIL:					
PRIME CONTRACTOR CONTACT INFO					
PRIME CONTRACTOR CONTACT PERSON:					
PRIME CONTRACTOR COMPANY LEGAL NAME:					
PRIME CONTRACTOR STREET OR P.O. BOX:					
PRIME CONTRACTOR CITY: STATE:					
PRIME CONTRACTOR PHONE #: () PRIME CONTRACTO					
FACILITY SITE INFORMATION	N				
FACILITY SITE NAME: TangleRidge Village					
FACILITY SITE ADDRESS (If the physical address is not available please indicate	e the nearest named road. For linear projects				
indicate the beginning of the project and identify all counties the project traverses.)					
STREET: County Road CITY: Ingomar STATE: MS COUNTY:	Union ZIP				
LATITUDE: 34 degrees 24 minutes 28.69 seconds LONGITUDE: 89 d	egrees 02 minutes 17.25 seconds				
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Int	erpolation): Google Earth				
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 9.88					
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:	20170401				
ESTIMATED CONSTRUCTION PROJECT END DATE:	20171201 YYYY-MM-DD				
DESCRIPTION OF CONSTRUCTION ACTIVITY: Grading, roadway const	ruction, drainage and utilities				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION Residential Subdivision	HAS BEEN COMPLETED:				
SIC Code NAICS Code	RECEIVED				

NEAREST NAMED RECEIVING STREAM: Jones 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 M http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ DEQ's web site:	NO☑
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	$YES\square$	NO☑
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES□ BY THE CONS	NO □ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): Atwood (AtB2 & AtC2) and Jena (Je)		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NO☑
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYL OTHER	IMIDE (PAM)	<u></u>
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCAL AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTR YES □	ODUCTION NO

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.

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 LO	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES 🗹	NO □
IF Y	ES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	PRETREAT	MENT
	□ WATER STATE OPERATING □ INDIVIDUAL NPDES	OTHER: M	DEQ MDoH
IS TI OF A	HE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for	YES 🗆 permitting requ	NO 🗆 nirements.)
IF TI DOC	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROV CUMENTATION THAT:	/IDE APPROP	RIATE
•	The project has been approved by individual permit, or		
•	The work will be covered by a nationwide permit and NO NOTIFICATION to the Co	rps is required,	or
•	The work will be covered by a nationwide or general permit and NOTIFICATION to	the Corps is rec	luired
IS A (If ye	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and Water	YES 🗆 , Dam Safety.)	NO 🗹
IF TI BE D	HE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW VISPOSED? Check one of the following and attach the pertinent documents.	VILL SANITA	RY SEWAGE
	Existing Municipal or Commercial System. Please attach plans and specifications for associated "Information Regarding Proposed Wastewater Projects" form or approval Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) rescollection and treatment that the flows generated from the proposed project can and we properly. The letter must include the estimated flow.	from County Ut s can not be pro ponsible for way	ility Authority in wided at the time
7	Collection and Treatment System will be Constructed. Please attach a copy of the cover permit from MDEQ or indicate the date the application was submitted to MDEQ (Dat	r of the NPDES e: 02-17-2017	discharge)
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Plof General Acceptance from the Mississippi State Department of Health or certification engineer that the platted lots should support individual onsite wastewater disposal systems.	n from a rogict	py of the Letter ered professional
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots feasibility of installing a central sewage collection and treatment system must be made response from MDEQ concerning the feasibility study must be attached. If a central c is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should support disposal systems.	by MDEQ. A collection and w	copy of the astewater system
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJEC	г MUST COM	PLY:
N/A			

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

(owner or prime contractor)

Hanaging Member

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