



### LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

#### INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

#### Submittals with this LCNOI must include:

- · A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- · A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

#### Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- · Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements
- · Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties

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

## MSR10 7 5 6 2

(NUMBER TO BE ASSIGNED BY STATE)

	CONTACT INFORMATION		
OWNER CONTACT PERSON: Gary Cooper			
OWNER COMPANY LEGAL NAME: New Alt	bany - Union County Airport		
1034 Coun	nty Road 80		
OWNER CITY. New Albany	STATE: MS	ZIP: 38652	
OWNER STREET OR P.O. BOX:  OWNER CITY: New Albany  OWNER PHONE #: (662 ) 534-1050	OWNER EMAIL:		
	ACTOR CONTACT INFORMATIO		
PRIME CONTRACTOR CONTACT PERSON:	Buddy Ayers		
PRIME CONTRACTOR COMPANY LEGAL N	NAME: Buddy Ayers Construction, Inc.		
TOTAL CEOR CEORGE OF BO BOY	202 Ayers Road		
PRIME CONTRACTOR CITY. Corinth	STATE: MS	ZIP: 38834	
PRIME CONTRACTOR STREET OR P.O. BOZ PRIME CONTRACTOR CITY: Corinth PRIME CONTRACTOR PHONE #: (662) 286-	-9158 PRIME CONTRACTOR EMAIL:	buddyayers@bellsouth	ı.ne
FACIL	ITY SITE INFORMATION		
THEIR	THY SHE INFORMATION		
FACILITY SITE NAME: New Albany - Union Co	ounty Airport		
FACILITY SITE NAME: New Albany - Union Co FACILITY SITE ADDRESS (If the physical addreindicate the beginning of the project and identify all	ress is not available, please indicate the nearest l counties the project traverses.)	named road. For linear proj	ects
FACILITY SITE NAME: New Albany - Union Co FACILITY SITE ADDRESS (If the physical addreindicate the beginning of the project and identify all	ress is not available, please indicate the nearest l counties the project traverses.)		
FACILITY SITE NAME: New Albany - Union Confidence of the physical address of the project and identify all street: 1034 County Road 80  CITY: New Albany STATE:	ress is not available, please indicate the nearest I counties the project traverses.)  MSCOUNTY: Union	named road. For linear proj ZIP: 38652	
FACILITY SITE NAME: New Albany - Union Confidence of the project and identify all STREET: 1034 County Road 80  CITY: New Albany STATE:	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652	
FACILITY SITE NAME: New Albany - Union Confidence of the physical address of the project and identify all street: 1034 County Road 80 CITY: New Albany STATE: 1034 County Road 80 CITY: New Albany STATE: 1034 CATITUDE: 34 degrees 32 minutes 46.47 seconds.	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Confidence of the project and identify all street: 1034 County Road 80  CITY: New Albany STATE: 1  FACILITY SITE TRIBAL LAND ID (N/A If not LATITUDE: 34 degrees 32 minutes 46.47 see LAT & LONG DATA SOURCE (GPS (Please GPS))	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Confidence of the project and identify all street: 1034 County Road 80  CITY: New Albany STATE: 1  FACILITY SITE TRIBAL LAND ID (N/A If not LATITUDE: 34 degrees 32 minutes 46.47 see LAT & LONG DATA SOURCE (GPS (Please GPS))	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Confidence the beginning of the project and identify all street: 1034 County Road 80 CITY: New Albany STATE: 1034 County Road 80 STATE: 1034 Cou	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Confidence of the physical address (If the physical address indicate the beginning of the project and identify all STREET: 1034 County Road 80  CITY: New Albany STATE: 1  FACILITY SITE TRIBAL LAND ID (N/A If not LATITUDE: 34 degrees 32 minutes 46.47 see LAT & LONG DATA SOURCE (GPS (Please GPS))  TOTAL ACREAGE THAT WILL BE DISTURED IN THIS PART OF A LARGER COMMON PLANE OF	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Co FACILITY SITE ADDRESS (If the physical address indicate the beginning of the project and identify all STREET: 1034 County Road 80 CITY: New Albany STATE: 10	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds	
FACILITY SITE NAME: New Albany - Union Confidence the beginning of the project and identify all street: 1034 County Road 80  CITY: New Albany STATE: 1  FACILITY SITE TRIBAL LAND ID (N/A If not LATITUDE: 34 degrees 32 minutes 46.47 see LAT & LONG DATA SOURCE (GPS (Please GPS))  TOTAL ACREAGE THAT WILL BE DISTURING THIS PART OF A LARGER COMMON PLANE OF LARGER COMMON	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds  YES \( \sigma \) No	
FACILITY SITE NAME: New Albany - Union Confidence of the physical address (If the physical address indicate the beginning of the project and identify all STREET: 1034 County Road 80 CITY: New Albany STATE: 1034 CITY: New Albany STATE: 1034 CITY: New Albany STATE: 1034 CITY: New Albany	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds  YES□ No.  2017-10-01 YYYY-MM-DD 2018-01-01	
FACILITY SITE NAME: New Albany - Union Confidence the beginning of the project and identify all street: 1034 County Road 80 CITY: New Albany STATE: 1034 CI	ress is not available, please indicate the nearest I counties the project traverses.)  MS COUNTY: Union  At applicable): N/A  Sconds LONGITUDE: 89 degrees 1  Project Entrance/Start Point) or Map Interpolation):  BED 1: 9.65  AN OF DEVELOPMENT: N/A  MSR10  ITART DATE:  ND DATE:	ZIP: 38652  minutes 23.13 seconds  YES□ No.  2017-10-01	
FACILITY SITE NAME: New Albany - Union Confidence of the physical address (If the physical address indicate the beginning of the project and identify all STREET: 1034 County Road 80 CITY: New Albany STATE: 1034 CITY: New Albany STATE: 1034 CITY: New Albany STATE: 1034 CITY: New Albany	ress is not available, please indicate the nearest I counties the project traverses.)  MS	ZIP: 38652  minutes 23.13 seconds  YES□ No.  2017-10-01	

NEAREST NAMED RECEIVING STREAM: McAllister 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 Matth://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ IDEQ's web site:	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 BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES D BY THE CONS	NO T TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES□	NOZ
IF YES, INDICATE THE TYPE OF FLOCCULANT.   ANIONIC POLYACRYI  OTHER	LIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOC AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTR YES □	ODUCTION 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 LUNOI FOR A FACILITY THAT WILL DECISION	DRESSED
IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	
F YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	YES NO NO
MASIE.	PRETREATMENT
☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES	OTHER
STHE PROJECT DEPOLITING	
OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	ANCE YES NO
Barren, Brain	ch for permitting requirements.)
F THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, OCCUMENTATION THAT:	PROVIDE APPROPRIATE
The project has been approved by individual permit, or	
The work will be covered by a nationwide permit and NO NOTIFICATION to the The work of the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by a nationwide permit and NO NOTIFICATION to the covered by the covered b	he Corps is required, or
The work will be covered by a nationwide or general permit and NOTIFICATIO	N to the Come in
f yes, provide appropriate approval documentation from MDEQ Office of Land and N	Water Dom Sefet
THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HE DISPOSED? Check one of the following and attach the pertinent documents.	OW WILL SANITARY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or appropriately Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official(scollection and treatment that the flows generated from the proposed project can a properly. The letter must include the estimated flow.	ations can not be provided at all
Collection and Treatment System will be Constructed. Please attach a copy of the permit from MDEQ or indicate the date the application was submitted to MDEQ	cover of the NPDES discharge
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lot of General Acceptance from the Mississippi State Department of Health or certific engineer that the platted lots should support individual onsite wastewater disposal	ts. Please attach a copy of the Late
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be m response from MDEQ concerning the feasibility study must be attached. If a centric is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should supdisposal systems.	Lots. A determination of the nade by MDEQ. A copy of the ral collection and wastewater system the State Department of Health or pport individual onsite wastewater
ICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJ	FCT MUST COMPANY
	ECT MUST COMPLY:
- The I Roj	

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

Date Signed

Airport Board Member

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



