

RECEIVED JUN 19 2018

Dept. of Environmental Quality

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)

(NUMBER TO BE ASSIGNED BY STATE)

	T INFORMATION	
OWNER CONTACT PERSON: JASON SCRUGGS		
OWNER COMPANY LEGAL NAME: JS, LLC		
OWNER COMPANY LEGAL NAME: 3575 TOM WATSON	N DRIVE	
OWNER STREET OR P.O. BOX: 3575 TOM WATSON	MS	38866
OWNER CITY: SALTILLO S	STATE: Wooley scruggs	@vahoo com
OWNER STREET OR P.O. BOX: 0070 TOWNER OWNER CITY: SALTILLO SOWNER PHONE #: (662) 255-1366 OWNI	ER EMAIL: Wesley.scruggs	@yanoo.oom
PRIME CONTRACTOR CO		
PRIME CONTRACTOR CONTACT PERSON:		
PRIME CONTRACTOR COMPANY LEGAL NAME:		
PRIME CONTRACTOR STREET OR P.O. BOX:	CTATE.	ZIP:
PRIME CONTRACTOR CITY:	SIAIE:	ZII ·
PRIME CONTRACTOR PHONE #: () PRIME	ME CONTRACTOR EMAIL:	
FACILITY SITE	INFORMATION	
FACILITY SITE NAME: WOODLAND HILLS		
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the	ilable, please indicate the nearest n project traverses.)	amed road. For linear project
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the	ilable, please indicate the nearest n project traverses.)	amed road. For linear project ZIP: 38849
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS	ilable, please indicate the nearest n project traverses.) COUNTY: LEE	ZIP: 38849
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LO	country: LEE COUNTY: LEE COUN	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 C	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 C	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 COUNTY IS THIS PART OF A LARGER COMMON PLAN OF DEVE	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed YES NO
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance) TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 COUNTY STATES (PROJECT ENTRANCE) IS THIS PART OF A LARGER COMMON PLAN OF DEVENTY OF A LA	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed YES NO II LS MSR105483
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 COUNTY IS THIS PART OF A LARGER COMMON PLAN OF DEVE	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed YES NO 1 LS MSR105483
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance) TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 COUNTY IS THIS PART OF A LARGER COMMON PLAN OF DEVE AND PERMIT COVERAGE NUMBER: MSR 105 4 B ESTIMATED CONSTRUCTION PROJECT START DATE ESTIMATED CONSTRUCTION PROJECT END DATE:	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed YES NO 1 YES NO 1 YYYY-MM-DD 2018-11-01 YYYY-MM-DD
FACILITY SITE NAME: WOODLAND HILLS FACILITY SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: ROBISON ROAD CITY: GUNTOWN HILLS STATE: MS FACILITY SITE TRIBAL LAND ID (N/A If not applicable) LATITUDE: 38 degrees 27 minutes 26 seconds LC LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance TOTAL ACREAGE THAT WILL BE DISTURBED 1: 39 COUNTY IS THIS PART OF A LARGER COMMON PLAN OF DEVE AND PERMIT COVERAGE NUMBER: MSR 105 4 8 ESTIMATED CONSTRUCTION PROJECT START DATE	COUNTY: LEE COUNT	ZIP: 38849 ninutes 07 seconds ARIS MISSISSIPPI turbed YES NO LS MSR105483 2018-08-01 YYYY-MM-DD 2018-11-01 YYYY-MM-DD

OKEELALA		
NEAREST NAMED RECEIVING STREAM: OKEELALA 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 http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES⊡ MDEQ'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 IMPACTI	YES□ ED BY THE CONS	NO TRUCTION
ACTIVITY? EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP)):	
	VES□	NO
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YESL	NOE
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRY OTHER NA	(LIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LO AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	CATION OF INTE YES □	RODUCTION 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

LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES □	NO Z
YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE	□ PRETREATM	ENT
□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:	
STHE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYA OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branc		
F THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, OCCUMENTATION THAT:	PROVIDE APPROPRI	ATE
The project has been approved by individual permit, or		
The work will be covered by a nationwide permit and NO NOTIFICATION to to	he Corps is required, or	r
The work will be covered by a nationwide or general permit and NOTIFICATION	ON to the Corps is requ	ired
S A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED of the state of the sta	VES [NO ⊡
COMMERCIAL DEVELOPMENT, I	IOW WILL SANITAR	Y SEWAGE
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or ap Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specification of LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow.	ons for the collection sys proval from County Util ications can not be prov l(s) responsible for wast n and will be transporte	item and the ity Authority in rided at the tim ewater ed and treated
F THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, IS BE DISPOSED? Check one of the following and attach the pertinent documents. Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or appear Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specific of LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project can properly. The letter must include the estimated flow. Collection and Treatment System will be Constructed. Please attach a copy of the permit from MDEO or indicate the date the application was submitted to MDE.	ons for the collection system of the collection system of the providing cannot be provided by the collection of the provided and will be transported the cover of the NPDES (Q (Date:	item and the ity Authority in ided at the tim ewater d and treated discharge
F THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, IS DISPOSED? Check one of the following and attach the pertinent documents. Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or appeared to LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project call properly. The letter must include the estimated flow. 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 MDE Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 of General Acceptance from the Mississippi State Department of Health or cerengineer that the platted lots should support individual onsite wastewater disposal support individual onsite wastewater dispo	ons for the collection systems for the collection systems and the provides of	stem and the sity Authority in rided at the time sewater and treated discharge
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or appeared to LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project cal properly. The letter must include the estimated flow. 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 MDE individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 of General Acceptance from the Mississippi State Department of Health or cere engineer that the platted lots should support individual onsite wastewater disposal Systems for Subdivisions Greater than feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cis not feasible, then please attach a copy of the Letter of General Acceptance from the registered professional engineer that the platted lots should disposal systems.	ons for the collection systems for the collection systems and the provides responsible for wastern and will be transported the cover of the NPDES Q (Date:	discharge py of the Letter profession on of the eastewater syste of Health or site wastewater syste or site wastewater
F THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, IS DISPOSED? Check one of the following and attach the pertinent documents. Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or application of LCNOI submittal, MDEQ will accept written acknowledgement from official collection and treatment that the flows generated from the proposed project cal properly. The letter must include the estimated flow. 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 MDE individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 of General Acceptance from the Mississippi State Department of Health or cere engineer that the platted lots should support individual onsite wastewater disposal Systems for Subdivisions Greater than feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cis not feasible, then please attach a copy of the Letter of General Acceptance for certification from a registered professional engineer that the platted lots should	ons for the collection systems for the collection systems and the provides responsible for wastern and will be transported the cover of the NPDES Q (Date: Lots. Please attach a coptification from a registern sal systems. 35 Lots. A determination made by MDEQ. A central collection and wastern the State Department of support individual ones.	discharge py of the Letter profession on of the eastewater syste of Health or site wastewater syste or site wastewater

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)

/-/0-/8
Date Signed

JASON SCRUGGS

Printed Name¹

MANAGER

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

F0108

2018048536

Fee: \$



Delbert Hosemann Secretary of State Business ID: 942629 Filed: 02/12/2018 03:38 PM C. Delbert Hosemann, Jr. Secretary of State

TELEPHONE: (601) 359-1633

P.O. BOX 136 JACKSON, MS 39205-0136

2018 LLC Annual Report

Business Information

Business ID: 942629

State of Incorporation: MS

Phone: (***)***_***

FEIN: **_*****

Business Name: JS, LLC

Business Email: wesley.scruggs@yahoo.com

Principal Address:

3575 Tom Watson Dr Saltillo, MS 38866

Registered Agent

Name:

Scruggs, Jason 1006 Cr 811

Address:

Saltillo, MS 38866

Managers and Members

Managers

Name:

Jason Scruggs Manager Address:

3575 TOM WATSON DR SALTILLO, MS 38866

Members

Name:

Jason Scruggs Member Address:

3575 TOM WATSON DR SALTILLO, MS 38866

Title/Name:	Address:	Director:
President:		
Vice President:		
Secretary:		
Treasurer:		
☐ This LLC has a written Operating A	agreement.	
NAICS Code/Nature of Business		

Signature

Off

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 02/12/2018.

Name: JASON SCRUGGS Manager

111110 - Soybean Farming

Address: 3575 TOM WATSON DR SALTILLO, MS 38866

Officers List

Name:

Jason Scruggs Manager

Jason Scruggs Member Address:

3575 TOM WATSON DR SALTILLO, MS 38866

3575 TOM WATSON DR SALTILLO, MS 38866