## AI#37678 GnP20180001



## MSR10 7 80 8

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:
OWNER CONTACT INFORMATION
OWNER CONTACT PERSON: Josh Angle
OWNER COMPANY LEGAL NAME: Fly Timber Co. INC.
OWNER STREET OR P.O. BOX: 2178 1 try 7 N
OWNER CITY: Grenada STATE: MS ZIP: 38901
OWNER PHONE #: (662) 226-2276 OWNER EMAIL: Fly timber @ GMAIL. Com
PRIME CONTRACTOR CONTACT INFORMATION
PRIME CONTRACTOR CONTACT PERSON: Josh Angle
PRIME CONTRACTOR COMPANY LEGAL NAME: Fly Timber Co. Inc.
PRIME CONTRACTOR STREET OR P.O. BOX: 2178 14 7 N
PRIME CONTRACTOR CITY: Grenada STATE: M5 ZIP: 3890/
PRIME CONTRACTOR PHONE #: (667) 226-2276 PRIME CONTRACTOR EMAIL: Flytimbe ComailCom
FACILITY SITE INFORMATION
FACILITY SITE NAME: Fly Timber Parking Lot
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: BAST West of Huy 7 and Riverdale Rd Intersection  CITY: Grenada STATE: MS COUNTY: Grenada ZIP: 38901
CITY: Grenada STATÉ: MS COUNTY: Grenada ZIP: 38901
FACILITY SITE TRIBAL LAND ID (N/A If not applicable):
LATITUDE: 33 degrees 52 minutes 37 seconds LONGITUDE: 89 degrees 49 minutes 12 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 7AC
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?  YES  NO  NO
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  AND PERMIT COVERAGE NUMBER: MSR10
ESTIMATED CONSTRUCTION PROJECT START DATE:
ESTIMATED CONSTRUCTION PROJECT END DATE:  YMA YYYY-MM-DD
DESCRIPTION OF CONSTRUCTION ACTIVITY: LAnd leveling
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
SIC Code NAICS Code

87'31'6# IFA .. 100081029nd

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NEAREST NAMED RECEIVING STREAM: Riverd	ale Creek		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF BODIES? (The 303(d) list of impaired waters and TMDL stream http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum	FIMPAIRED WATER  n segments may be found on MDEO  n_Daily_Load_Section)	YES□ Q's web site:	NO⊠
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING	STREAM SEGMENT?	YES□	Mo⊠
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBL WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY ACTIVITY?	IC PONDS OR LAKES THAT MAY BE IMPACTED BY	YES□ THE CONSTR	NO⊠C RUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projec	ts please describe in SWPPP):		
	•		•
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IS	N STORM WATER?	YES□	NOE
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN IF YES, INDICATE THE TYPE OF FLOCCULANT.	N STORM WATER?  ANIONIC POLYACRYLIMI OTHER		NOSC.

<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	NOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES □	NO 🕱	
		_	•	
IF YE	S, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE	□ PRETREATM	ENT	
	□ WATER STATE OPERATING □ INDIVIDUAL NPDES	□ OTHER:		
IS TH	E PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAND (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	CE YES □ for permitting requir	NO 🛛 ements.)	
	IE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PI UMENTATION THAT:	ROVIDE APPROPRI	ATE	
•	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	i to the Corps is requi	red	
IS A I	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? 5, provide appropriate approval documentation from MDEQ Office of Land and W	YES 🗆 (ater, Dam Safety.)	NOX	
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 associated "Information Regarding Proposed Wastewater Projects" form or appropriate the Harrison, Jackson, Pearl River and Stone Counties. If the plans and specificat of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) collection and treatment that the flows generated from the proposed project can approperly. The letter must include the estimated flow.	oval from County Utili tions can not be provi responsible for waste	ty Authority in ded at the time water	
	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 d	ischarge )	
	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	ation from a register	y of the Letter ed professional	
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be messponse from MDEQ concerning the feasibility study must be attached. If a central sold 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 sudisposal systems.	nade by MDEQ. A co ral collection and was the State Department	py of the tewater system t of Health or	
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJ	JECT MUST COMPI	LY:	

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 Applicant1 (owner or prime contractor)

Date Signed

President

<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

### PRIME CONTRACTOR CERTIFICATION

#### LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10

\_\_\_ County

(Fill in your Certificate of Coverage Number and County)



By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

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 permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION				
PRIME CONTRACTOR CONTACT PERSON: Josh Angle PHONE NUMBER: (660 417-5935				
PRIME CONTRACTOR COMPANY: Fly Timber Co. Fre.				
PRIME CONTRACTOR STREET (P.O. BOX): 2/18 Day / N				
PRIME CONTRACTOR CITY: Grenged STATE: MS ZIP: 3890/				
E-MAIL ADDRESS: Flytimber @ GMAIL. Com				
OWNER INFORMATION				
OWNER CONTACT PERSON: Ricky Fly PHONE NUMBER: (662) 4/75933  OWNER COMPANY NAME: Fly Timber Co. Inc.				
OWNER COMPANY NAME: Ply / imber Co. Inc.				
PROJECT INFORMATION				
PROJECT NAME: Fly timber Parking Lot				
DESCRIPTION OF CONSTRUCTION ACTIVITY: Land leveling				
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)  STREET: West of Viverdale Rd + Ibyy 7 N				
STREET: West of Riverdale Rd + Hay 7 N  CITY: Crewada COUNTY: Grenada				
Overgotor:				
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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.    Prime Contractor Signature				
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.  This Prime Contractors Certification form shall be submitted to:  Chief, Environmental Permits Division  MS Department of Environmental Quality, Office of Pollution Control  P.O. Box 2261  Stackson, Mississippi 39225  Revised: 10/25/16				
of Environmental Quality				